

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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Vol. 21

JANUARY, 1929

No.

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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ADMINISTRATION

B. L. Arms, M. D., State Health Officer

RESPONSIBILITY

To Boards of Health is given the responsibility of preventing disease in-so-far as it is possible. For years we have offered vaccine virus for protection from smallpox and no one need contract this disease for each individual may be protected and smallpox cannot spread in any well vaccinated community.

For the past eight years we have furnished toxin antitoxin whereby all children may be saved from diphtheria.

Typhoid vaccine has been supplied for years and the freedom from cases of typhoid following the storms where large areas were inundated is due in part at least to the protection conferred by its use.

There are diseases for which there is no specific preventive and influenza belongs to this class but we can do much to protect our state and ourselves by the observance of a few simple measures.

Influenza should not be confused with the so-called simple cold which often is far from simple. There is no hard and fast distinction between the two but in case of doubt, play safe, go to bed and call your physician, and frequently much time and expense will be saved by this procedure.

Avoid crowds, keep in the open air as much as possible. We in this state have a great advantage over most parts of the country as it is possible to be in the open at all times when not at our work and even then we can let in the outside air. Sleep with windows open if you are obliged to be inside and keep away from all who cough or sneeze.

We realize that the state will not escape the infection that is present over most of the country but as a state that invites people from everywhere we must do all that is in our power to keep the incident as low as possible. Not only do we invite people to come here to avoid disease but we welcome all who come to regain their strength after an attack of any disease and we feel that the state offers the best opportunity for convalescence to those who have been so unfortunate as to contract disease.

The state offers the God-given sunshine and the climate that allows the out-door life throughout the year, with fresh fruits and vegetables all through the winter direct from the groves, gardens and farms. It offers the beaches, ocean, gulf, rivers, lakes, forests, highways, golf, tennis and other sports and we pledge our best efforts to safeguard the health of both our citizens and our visitors.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****INFLUENZA****Precautionary Measures**

1. To Keep Well.
2. To Protect Others.
3. If You Contract Influenza.

Influenza infection is transmitted with the secretions from the nose and mouth. There is no specific preventive or cure. No successful control measure is known. Prevention depends on hygienic measures which every individual must carry out.

HOW TO AVOID INFLUENZA

Avoid persons who cough or sneeze.

Avoid crowds.

Avoid the Common drinking cup.

Wash hands thoroughly before eating.

Keep out of the mouth everything unclean.

Do not visit persons sick with influenza.

Unnecessary traveling is to be avoided.

Spend some time each day exercising in the open air, walking, riding, playing or working.

Get all the sunshine you can.

Eat plain but nourishing food including some fruit and vegetables.

Do not overeat. Avoid constipation.

Take adequate rest, eight hours sleep for adults, more for children.

Ventilate the entire house night and day.

Provide moisture in heated rooms—a large pan of water on the stove or radiator will give comfort and prevent winter colds.

TO PROTECT OTHERS

Cover the nose and mouth with a handkerchief or the hand when coughing or sneezing.

Do not soil anything with the secretions from the nose or mouth.

Avoid contact with others. Sleep alone.

IF YOU CONTRACT INFLUENZA

Go to bed promptly and remain until recovered.

Call a doctor.

Exclude everyone but the doctor and attendant.

Scald all dishes, etc.

Boil or burn cloths soiled with the discharges.

— F. H. N. —

Poliomyelitis (infantile paralysis) which increased slightly during the summer months of 1927, has been less prevalent this year. Up to the middle of September only 15 cases were reported as against 23 for the same period of 1927. In this respect Florida has been relatively fortunate.

The best known precaution is to avoid promiscuous contact among children, particularly the younger ones.

BUREAU OF COMMUNICABLE DISEASES—(Continued)**DIPHThERIA IS DEADLY TO YOUNG CHILDREN**

Toxin-antitoxin has been given to many, many children all over Florida during the last five years. Its safety, harmlessness and value in protecting children from diphtheria have been clearly demonstrated. Through the activities of this bureau, it has been given mostly to school children after they have been Schick tested but in a number of pre-school clinics quite a number of babies from six months to six years have been treated and a number of physicians make a practice of giving it to the younger children, so that a very extended experience in Florida has proven its value to the younger child.

Diphtheria is most dangerous to a child during its early years. Of all the children who die of diphtheria about 81% are under five years of age. For three years in Florida, 1925, 1926 and 1927, there were registered a total of 321 deaths from diphtheria—of these, 231, or about 72%, were under five years of age.

WHAT STRIKING PROOF THAT THE YOUNGER CHILDREN NEED THE PROTECTION OF TOXIN-ANTITOXIN MUCH MORE THAN THOSE OF SCHOOL AGE! They are protected through school life just the same. They stand the treatment even better than the older children.

Mother! Father! Have you done all you can do to protect your little tot if you have neglected having him immunized to diphtheria? Doctor! Has your professional reserve kept you from speaking about T-A for the children whose parents depend on you for guidance and protection of their children?

The State Board of Health furnishes T-A free to doctors, whose charge for administering is but a trifle compared to the value of the protection.

— F. H. N. —

The child who contracts diphtheria should get his antitoxin **EARLY**. The earlier it is given the better chance of recovery.

Diphtheria antitoxin when given directly into a vein produces its maximum effect almost immediately. After subcutaneous injection the maximum effect is delayed from 24 to 48 hours.

A child with sore throat or "patches" in the throat, a child with fever and, in fact, any sick child should be seen by a doctor.

— F. H. N. —

ISOLATE THE SICK CHILD. Any sick child should be placed in a separate room, visitors, especially children, excluded and all discharges, dishes, clothing, etc., disinfected until the doctor has made his diagnosis and given instructions.

BUREAU OF SANITARY ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****— THE NEW YEAR —****Florida Faces Forward!!**

1929 ushers in new governmental control, new persons to apply their skill on inherited and new problems.

Health problems are old yet new ones are continually arising, and moreover must be met.

To the old workers in this field we say: "Carry on in the same full measure as you have in the past."

To the new comers in this specialized field, we greet you, your enthusiasm, ideas and methods of attack are welcome and needed.

Let us make 1929 the best year with regard to health that Florida has ever had! We are ready to help you put this banner year across.

"Let each new temple nobler than the last—

Lift thee to heaven with a dome more vast."

Florida Faces Forward!!**— F. H. N. —****Industry and the State Board of Health**

More and more we find machinery taking the place of man power but still man power is essential in many industries and modern industry no longer regards its man power as so many "hands". The grouping of large and varied industries under huge corporations has led to a scrutiny of operation costs and such data. Can the material be produced cheaper? Can it be handled cheaper? Keeping down costs has been the keynote of industry.

But where does industry contact the State Board of Health departments? If labor is employed, the health and living conditions immediately react on the amount of work done and materials produced. "Milk from contented cows", is familiar to all; work from happy, interested workmen is becoming more and more heard of in the industrial world.

Florida is a vast state, second to the largest east of the Mississippi. Its agricultural and industrial possibilities have scarcely been touched. New industries are coming in; new agricultural developments are taking place. If you employ farm labor or factory mill workers, your State Board of Health can help you. Some of the problems with which it is familiar are:

1. General health conditions in the State. If you have the choice of several locations with similar availability as to labor, material and transportation, would you locate your plant in a city or county where health conditions are carefully watched and guarded or in one where little attention is paid to such problems? Is healthy help better than half sick help? Can a man turn out a good day's work if his mind is on a loved one sick at home? Would you locate in a section where malaria fever is prevalent or where it is rarely seen? One new industry located in a certain county states its loss from malaria during the past year

BUREAU OF SANITARY ENGINEERING—(Continued)

has been about \$5,000. This is quite a loss to a starting industry! It would have been saved by a visit to the State Board of Health for facts could have been given to the developers which would have materially altered present operation practice. It was a question largely of using local labor versus building a few houses and bringing in labor.

2. **Water supply.** Do you use water in your operations? Data are available as to quality, both mineralogical and bacteriological, of all the public water supplies of the state and many private supplies. If you must have a soft water supply such as is used in bleacheries, it can be obtained in large quantities from wells in the Pensacola territory. If you need water in large quantities, the Jacksonville area presents artesian, free flowing wells. The sanitary quality of the supplies are carefully watched and in cooperation with the State Geologist the prospects of water supply are fairly well known throughout the state.
3. **Waste Disposal.** Perhaps you have a trade waste such as lime, dye wastes or cannery wastes. Again the State Board of Health can acquaint you with the local requirements and the possibilities of utilizing special methods of disposal. One industry which recently planned to locate in Jacksonville, refused to do so until all parties concerned, the state and city, had agreed as to a method of waste disposal which was acceptable to the company. A cannery located in a small central Florida town disposed of its wastes in a small depression thereby creating a bad mosquito breeding nuisance which had to be corrected at heavy expense.
4. **Insect Pests.** What are the prospects of successful operation of your plant if sand flies, gnats and pestiferous mosquitoes are bad at certain seasons of the year? A wonderful site in the winter time may be impossible in the summer. We have general data on many pests and specific data on mosquitoes throughout the State. If you plan to house your labor, what is the best type of house to erect, what water supply should be used, what method of human waste disposal?

Industry and health conditions are intimately related. When a person interested in locating a new business or industry has secured several tentative sites, he could well afford a trip to the State Board of Health at Jacksonville for data mentioned above.

— F. H. N. —

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

OUTLINE OF COURSE FOR SCHOOL NURSES

Prepared Jointly by Beatrice Short, Assistant Director of the National Organization for Public Health Nursing, and Anna L. Stanley, Chairman of School Nurses' Section.

Approved by the Education Committee of the National Organization for Public Health Nursing.

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

At the request of the Education Committee of the National Organization for Public Health Nursing a tentative outline of a course for school nurses, covering four summer terms and winter extension work, was prepared and submitted. It was planned that the courses included in these four summers should be definitely progressive in character and should contain the generalized material which is the basis for all public health nursing. The School Section of the N. O. P. H. N. Manual of Public Health Nursing and "Present Objectives, Scope of the Work and Methods in School Nurses,"* served as the criteria of needs to be met.

A copy of this tentative outline was sent to 18 representative nurses in different parts of the country asking for criticism both as to content and as to sequence. The suggestions from this group and from the Education Committee itself contributed to the following outline which was definitely approved and adopted late in September.

This course covers a special field of public health nursing and cannot be considered the equivalent of the basic course, inasmuch as it does not meet the minimum requirement for supervised field experience. Nevertheless, the Education Committee of the N. O. P. H. N. offers the outline with the hope it will prove suggestive to those planning summer courses for the school nursing group.

Katherine Tucker, Chairman, Education Committee.

First Summer—

1. **Principles of Public Health Nursing:** Present Objectives, Scope of Work, Organization and Methods in School Nursing. 2 Points.
2. **Family Social Work:** The effects of social disabilities on the family; case method of handling problems; discussion of living standards. 2 Points.
3. **Child Health:** Standards for normal health and development including habit formation. Discussion of communicable diseases, health hazards and nutrition problems. 2 Points. or **Educational Psychology.**

Suggestions for Additional Courses for Summer or Extension Work in Winter:

Practice work in School Nursing under educative supervision. 2 Points.

English Composition. 2 Points.

Public Speaking. 2 Points.

Second Summer—

1. **Methods of Health Education in the Elementary Schools.** Adaptation of subject matter and methods to health education. Consideration of various devices used in health teaching. 2 Points.
2. **Educational Psychology:** Elementary psychology with special emphasis on professional situations. 2 Points.
3. **Nutrition in Health Education:** Includes essentials of adequate diet and food needs for different ages. The nutritive value of food materials with regard to application of

* The Public Health Nurse, February, 1926.

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

such knowledge to health education. 2 Points.
or **Mental Hygiene.**

Suggestions for Additional Courses for Summer or for Winter Extension Work:

Practice in Family Social Work. 4 Points.

(This would require a full month's work under educative supervision.)

History of Education: Introduction to educational problems in a democratic state with special reference to our own national situation. The increased responsibility of the State for education. 2 Points.

Advanced courses desirable:

Educational Methods: Continuation of above. 2 Points.

Third Summer—

1. **Mental Hygiene:** Development of personality; deviations in personality and behavior disorders of childhood with reference to prevention and adjustment. 2 Points.
2. **Child Psychology.** 2 Points.
3. **Educational Sociology:** Social and human origins as backgrounds for consideration of problems of modern society and the sociological method of approach to them. 2 Points.

Suggestions for Additional Courses for Summer or Winter Extension Work:

Practice work on staff of visiting nurses Association under educative supervision. (2 months) 4 Points.

Practice work in Health Education under educative supervision. 2 Points.

Physical Education: Folk dances, stunts, team games. 2 Points.

Additional course in **English.** 2 Points.

Fourth Summer—

1. **Public Health Nursing:** This course should give a broad understanding of the many phases of public health nursing, their relation to each other and to educational and social improvement. The organization of public health nursing under official and non-official agencies. The advantages, plan of organization and work in a completely generalized or partially generalized service. 2 Points.
2. **Personal Hygiene.** 2 Points.
or **Biology.**
3. **Organization and Supervision of Health Education:** Principles governing health education in relation to the rest of the educational program. Criteria for selecting materials and activities. Departmental correlation. 2 Points.
or **Teaching of Home Nursing and Child Care Classes.**

Suggestions for Additional Courses for Summer or for Winter Extension Work:

Public Health Administration and Preventable Diseases. 2 Points.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH

DURING THE MONTH OF NOVEMBER, 1928

Bacteriological Examinations

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|---------------------------|--------------|-------|-----------|-------|-------------|-------|
| Animal Parasites | 2654 | 374 | 28 | 243 | 45 | 3344 |
| Diphtheria | 1377 | 252 | 37 | 449 | 18 | 2133 |
| Typhoid | 379 | 81 | 21 | 17 | 26 | 524 |
| Malaria | 347 | 123 | 20 | 10 | 102 | 602 |
| Rabies | 37 | 11 | | 3 | | 51 |
| Tuberculosis | 196 | 59 | 7 | 44 | 20 | 326 |
| Gonorrhoea | 350 | 184 | 28 | 132 | 12 | 706 |
| Kahn Reactions | 2673 | 930 | | 341 | | 3944 |
| Water: Bacterial Ex. | | 49 | | 115 | | 164 |
| Water: Chemical Ex. | | | | 146 | | 146 |
| Milk: Bacterial Ex. | 36 | 145 | 28 | 265 | 8 | 482 |
| Milk: Chemical Ex. | 36 | 145 | 28 | 178 | 8 | 395 |
| Miscellaneous | 117 | 21 | 23 | 43 | 14 | 218 |
| | 8202 | 2374 | 220 | 1986 | 253 | 13035 |

Specimen Containers Distributed 10041

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|---------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 194 Packages |
| | 5,000 units | 55 Packages |
| Toxin Antitoxin..... | | 7,286 C. C. |
| Schick..... | | 3,950 Tests |
| Tetanus Antitoxin..... | 20,000 units | 15 Packages |
| | 10,000 units | 7 Packages |
| | 1,500 units | 391 Packages |
| Typhoid Vaccine..... | | 849 Treatments |
| Vaccine Virus..... | | 1,440 Capillaries |
| Antirabic Virus..... | | 37 Treatments |
| Carbon Tetrachloride..... | | 4,324 Capsules |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****ANNUAL ROUND - UP**

Have you forgotten something? Sometimes we are not aware of a great danger which is lurking close by ready to draw us into a net of trouble. Happiness lingers the longest where precautionary measures most abound. Have you ever heard of a Florida born citizen who has taken a trip abroad and who was refused entrance back into the United States for the lack of a certain record? Have you known a man who has been in the World War but who was unable to collect War Risk insurance because a certain record was lacking? What record of proof must a widow possess before securing her pension, collecting on a life insurance policy or lawfully taking over an estate? Who is responsible for providing such records? Is there a law placing the responsibility on any particular individual or profession? There is an important answer to the foregoing questions in the following paragraphs under the captions "Births", "Deaths", "Marriages" and "Divorces". Each family in the State of Florida will at some time or other need information concerning one or more of these records. You may save time and money by informing yourself now.

Births

It is a satisfaction to know that you have money in the bank. Why? If you could not spend the money, it would be of no use. It should be a great satisfaction for you to know that your birth certificate has been filed. A birth certificate filed in accordance with the laws of this state is legal evidence of your citizenship in these United States. Your precious little baby necessarily depends on you and his future is not properly cared for until you are satisfied that a birth certificate has been officially filed among the records of the State. Each new mother is notified within sixty days after the birth certificate of her baby reaches the State Board of Health. Those who have not received the official notification from this Bureau should immediately take the matter up with the attending physician. The law places the responsibility of filing a birth certificate on the physician, midwife, person acting as midwife, father or mother of child, householder or owner of premises where birth occurred or the manager or superintendent of a private institution where a birth occurred; each in the order named, within ten days after date of birth.

Deaths

Many intelligent people have wondered why it is necessary to make a record of a death. It would take a volume to answer this question. A few suggestions, however, may throw a new light on this phase of our records. Have you any idea of the deadliness of

BUREAU OF VITAL STATISTICS—(Continued)

tuberculosis in this state? Could this question be answered if complete registration of deaths were not available? Only two diseases in 1927 caused more deaths in Florida than tuberculosis. Death certificates form the basis of a measuring unit in health work. How would you know when to stop buying Christmas seals if it were not for death records? Many authorities claim that an infant mortality rate is a good sanitary index to a community. An infant mortality rate is the number of deaths of infants under one year of age per 1,000 births reported. Every intelligent citizen will agree that it is important to know the causes of death in order that preventive measures may be instituted.

If Florida could honestly claim that no deaths were occurring from heart disease, chronic nephritis and tuberculosis, or even from any one of the three diseases mentioned, in the opinion of the writer, there would not be land enough in this great state to hold the people who would immediately seek a homesite here. Just because such an achievement is beyond our immediate reach, is no reason for discouragement. On the other hand, a decided effort should be made to control communicable diseases. The work of prevention, in addition to the wonderful sunshine and climate of this state will gradually attract the attention of thousands of families who are seeking a permanent home where they will find joy and comfort.

It is the duty of the undertaker or person acting as undertaker to file the certificate of death.

Marriages

Marriage records were centralized by law in June, 1927. It is now possible to find very quickly any record of a marriage ceremony performed in the State of Florida. These records are available through a continuous card index by the name of the groom and also by the name of the bride. Very often it is important to have information relative to a marriage record. Previously, it was often necessary to seek through the records of sixty-seven counties to gain information which is now available in a few moments time. These centralized records will be especially appreciated by the legal profession of this state. The County Judge records the marriage license and the original license is then forwarded by him to the central Bureau of Vital Statistics where it is permanently filed and indexed.

Divorces

Since June, 1927, divorce records have been centralized in this Bureau. The clerks of the circuit courts file information concerning each divorce that is granted. The original records are retained by the clerks of the circuit courts but in each case information is submitted to this central state office concerning the docket number, names of those seeking divorces, etc. This information is carefully filed and indexed so that anyone requiring information may be directed to the clerk of the circuit court in the county in which the case terminated.

7

SEE THAT YOUR CHILDREN GET PLENTY OF
FRESH AIR AND
SUNSHINE—



AND BE SURE THAT THEIR ROOMS ARE
PROPERLY VENTILATED AT NIGHT—



Courtesy North Carolina State Board of Health Bulletin

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FLORIDA



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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****COOPERATION***

If we wish to secure the best results along any line of endeavor it must be by the combined forces of many rather than by individual effort. Any one engaged in research makes use of the work previously done by others as does the chemist, bacteriologist, serologist, manufacturer, farmer, stock raiser, or he fails to make the most of his chance of success.

In public health work in particular we need the combined efforts of all if we are to do our best for our employers, the citizens of our state, county or city as the case may be.

Probably the outstanding example of cooperation in public health work was observed last year in the Mississippi Valley and reported to this Section by Dr. John McMullen, Senior Surgeon, U. S. P. H. S.†

I wish at this point to acknowledge the splendid offers of assistance of health officers and others after the West Indian hurricane which struck Florida last September, and to assure you that they were greatly appreciated. Inasmuch as the area affected was comparatively small, the only out-of-state aid needed was furnished by the Red Cross, which is still on the ground engaged in rehabilitation problems. Dr. McMullen, who was detailed by Surgeon-General Cumming, brought the offer of cooperation from the United States Public Health Service, and he made a careful survey of the entire area.

Every health official has emergencies to meet, some great, but more that are comparatively small; and in each and every one he needs the assistance of others to obtain the best results. Cooperation means the working together of individuals or organizations. It does not mean that one should do the co-ing and the other the operating. This is often done, but does not give the desired results.

A health organization should function not as a collection of bureaus or departments; but every member of every department should do his part for the best interest of the whole and not for the special department of which he is a member.

The state department of health is the official guardian of the health of the people of the state. Any volunteer organization in the state should cooperate with it that there may be no waste or duplication of effort. The organizations will find it easy to do this if they make an honest attempt.

There are many groups of workers anxious to do something to aid the health of the people and especially of the children, as parent-teachers' associations, women's clubs, service clubs, or the American

* Chairman's Address, Section on Public Health, Southern Medical Association, Twenty-Second Annual Meeting, Asheville, North Carolina, November 12-15, 1928.

† McMullen, John: Public Health Service Cooperative Program in Mississippi Flood Area, S. M. J., p. 231, March, 1928.

ADMINISTRATION—(Continued)

Legion. Their efforts may be used to splendid advantage in health work, for their membership is recruited from the outstanding members of their communities. Are we utilizing them as we should?

Our greatest allies are the medical men, with closely following them the dentists. These are the professions that are responsible for the health of the individuals, and the health of a community is but the sum total of the health of the individuals in that community.

The first duty of a district or county health officer when he goes to a city or town is to get into touch with the physicians. Where there is a city health officer or a city physician he is, of course, the first one to be seen no matter what the errand may be, and he is the one to whom report should be rendered if any investigation is made or work undertaken, even if the request has been made, as it frequently is, by another party. In our State we have district health officers and their time is taken largely by immunization programs. The requests usually come from the school authorities, but each one must always work in close harmony with the local profession.

The State Board of Health does not take the place of the practising physician, and if the community work of the state physician does not result in a strengthening of the bond between the State Board of Health and the local profession, that work has been a failure. If a diphtheria immunization program has been carried on, there are many who prefer to have their own physician give the toxin-antitoxin. There are also the pre-school children to be protected and they are usually taken to their family physician. If physical examinations are made, those having defects are referred to their family physician or dentist as the case may be. Thus not only is the individual benefited, but also the local professions and the community.

The work of other bureaus likewise is a work of cooperation with individuals, organizations and local governments. Each detail should be approached through the proper channels, and when completed it must be reported to the proper authorities as well as to the parties making the request.

The aim of all true health officials is to render service and the great majority of misunderstandings in this world are not misunderstandings at all, but simply a lack of understanding, which is vastly different, and when that last is cleared away and each clearly sees the viewpoint of the other, it is easy to secure cooperation.

— F. H. N. —

AGE DETERMINES EXERCISE NEEDED

Amounts of physical activity required by healthy persons at different ages, as computed by various authorities, are summarized in an article on exercise in *Hygeia* by Dr. James O. Nall.

The program quoted calls for: four hours daily at the age of 5; five hours daily from 7 to 9 years; six hours daily from 9 to 11 years; five hours daily from 11 to 13 years; four hours daily from 13 to 16 years; three hours daily from 16 to 18 years; two hours daily from 18 to 20 years, and one hour daily for persons over 20 years of age.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****CANCER****Everybody's Business**

Cancer is not infectious or communicable according to best authorities and is not inherited although in some families there does seem to be an inherited predisposition to cancer. While there is no known specific means of prevention, yet there is much to be done to reduce the incidence, suffering and death rate from cancer.

For every 100,000 people in the United States there are 92 deaths from cancer each year. Of all the men and women now living, one in ten will die of cancer, according to statistics. These figures should make us realize that cancer is really everybody's business.

Chronic irritation in some form often precedes the beginning of cancerous growth. Decaying teeth, pyorrhea, moles and other skin imperfections that are continually irritated and lacerations of the cervix produced at child birth are among the numerous conditions that are often followed by cancer. The smokers' cancer is a well known example, appearing at a point on the lip or tongue chafed by the pipe stem.

The best anyone can do, then, to keep from having cancer is to have dental work attended to without delay, induce prompt healing of injured parts, ulcers, lacerations, etc., avoid constant local irritation of every sort, consult the doctor about sores that do not heal and about the removal of moles, warts and similar growths, particularly if there is a change in their size or appearance.

Early Recognition

Cancer is often cured if recognized before it has spread and involved large areas or formed "secondaries" from pieces that are broken off and carried to other parts of the body.

Any lump, especially in the breast,
Any irregular bleeding or discharge,
Any sore that does not heal,

Persistent indigestion accompanied by loss of weight, should lead one to suspect cancer and seek expert medical advice. If the family physician is in doubt, he will seek council or refer the patient to someone especially skilled in recognition of cancer.

If cancer is recognized in the early stage, a great deal can be done and many lives saved but our hope of cure lies in early resort to surgery, X-ray and radium.

While complete cure is not to be expected in all cases, the alleviation of suffering and lengthening of life are objectives worthy of our best efforts and quite within reach in nearly all cases.

Many so-called "cures" for cancer are constantly being promoted but most of them are applicable to external cancer only. They are uncertain and usually painful and needlessly mutilating. None of them should be used except on the advice of a reputable physician.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

PRINCIPLES OF SCHOOL NURSING

All public health nursing should be based upon the following fundamental principles:

Preliminary to the establishment of any nursing service, a study should be made of community needs; this to be followed by periodic studies to determine the adequacy of the service in relation to the development of the community.

The work should be sponsored by a representative group, not by an individual. The agency should be non-sectarian and non-political in spirit and service, without distinction of race, creed or color.

The constituted health authorities should be recognized as the official leaders in community health work.

Adequate records should be kept.

Every appropriate opportunity for co-operation with other agencies and individuals should be utilized.

Only graduate and registered nurses should be employed.

Health teaching to family and community should be considered an essential part of the work of every nurse.

PROFESSIONAL ETHICS SHOULD BE OBSERVED FAITHFULLY AT ALL TIMES.

Provisions should be made for systematic, educative supervisions of the nurse or nursing staff. The working hours of the nurse should be limited and vacation periods and leave of absence should be provided for.

The school nurse must be familiar with all local and state laws governing her employment and the protection of children. The school health service must be both educational and remedial with emphasis on preventive education. The nurse must have understanding of the school program as a whole and of her part in it, her relationship to public welfare workers and agencies, and in the schools and the school personnel.

Periodic health examinations by physician and nurse, or inspections by nurse, at least once yearly, preferably early in the school term, with a secondary inspection second term, of all new pupils entering school.

Follow-up service by home visits, and other methods to bring about correction, of defects found by inspection.

Protection of health through prevention and control of disease, including immunization, teaching of health habits, health knowledge, and correct diets, etc.

If possible the work should be so planned that each school and district shall receive regular visits and the schedule of visits should be posted in the office and in the schools.

It is wise to budget the time spent, i. e., have a definite amount of time, and a definite routine for the various activities which make up the nursing programs. Any plan must be sufficiently elastic

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

to admit of meeting with professional or civic groups, the writing of records, reports, etc; (unless there is a secretary provided.)

If possible the nurse should reach the school before classes begin. A school visit will include conference with teacher and pupils. Assistance to some teacher with morning inspection as a demonstration.

Inspection of pupils returning after absence due to illness or referred by teachers as a result of conditions revealed by morning inspection. Necessary care and advice for these pupils. Checking up on pupils absent because of illness. Special work already planned for day, as assisting physician in examination, immunization or nurse's health inspection, teaching classes in Home Nursing, Child Care or Little Mother's Leagues, co-operating with teacher and class in some health projects. School visits are usually made in the morning, leaving the afternoon for home visits. It is always advisable to make follow-up calls as quickly as possible after an inspection.

Saturday morning is usually devoted to office visits, record keeping, or home visits, according to the local needs.

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

CERTIFIED TOURIST CAMPS

Corrected to January 1, 1929

APOPKA—

Mynatt's Camp
Apopka City Camp

ARCADIA—

Arcadia Tourist Camp

ARCHER—

Archer City Park

AVON PARK—

Avon Park Tourist Camp

BAYARD—

Powell's Camp

BROOKSVILLE—

Brooksville Tourist Camp
Shady Rest Tourist Camp

CALLAHAN—

Gray Gables Camp

CHARLOTTE HARBOR—

O'Havers Tin Can Camp
Charlotte Harbor Camp

CLEARWATER—

Clearwater Tourist Camp
Royal Palm Camp

COLLIER CITY—North

Marco Camp

CORTEZ BEACH—

Cortez Beach Camp

CRESCENT CITY—

Camp Stella

DADE CITY—

Bonnie Oaks Camp

DAYTONA BEACH—

Yankee Camp
Patterson's Camp
Cole's Camp
White Way Camp
Massachusetts Court
Brown's Tourist Camp
Bell's Auto Camp
Daytona Auto Camp
Hamilton's Highland Camp

DeFUNIAC SPRINGS—

Blanchard's Camp

DeLAND—

DeLand Auto Camp
Orange Camp

DELRAY BEACH—

Zeder's Tourist Camp

DINSMORE—

Camp Phillips

DUNNELLON—

Dunnellon Tourist Camp

BUREAU OF ENGINEERING—(Continued)

- EAU GALLIE—
Rocky Water Camp
Riverside Tourist Camp
- ENGLEWOOD—
Pinedale Camp
Deer Creek Park Camp
- EUSTIS—
Mackay Auto Camp
Eustis Motor Camp
- FT. LAUDERDALE—
Ft. Lauderdale Camp
- FT. MEADE—
Ft. Meade Tourist Camp
- FT. MYERS—
Ft. Myers Tourist Camp
- FT. PIERCE—
Dixie Tourist Camp
- FLAGLER BEACH—
Shady Nook Camp
- GAINESVILLE—
Green's Tourist Camp
Pennell Camp
Gainesville Tourist Camp
- GRANT—
The White Camp
- HIGH SPRINGS—
Columbia Springs Camp
- HOLLY HILL—
Camp Rest
Camp Joy
- HAINES CITY—
Paul's Community Camp
- HILLIARD—
Crystal Springs Camp
- INDIAN RIVER CITY—
Rainbow Camp
- JACKSONVILLE—
Florida Tourist Camp
Buckeye Camp
Phoenix Park Camp
St. Johns River Camp
- KENDRICK—
Rhodeland Tourist Camp
- KEY WEST—
"The Mastic" Tourist Camp
- KISSIMMEE—
Kissimmee Auto Camp
- LAKE WORTH—
Buffalo Lodge Camp
- LANTANA—
Lantana Auto Camp
- LARGO—
Largo City Camp
- LEESBURG—
Lake Side Park Camp
- LOCKHART—
Log Cabin Camp
- LONGWOOD—
Johnson Auto Camp
- LORETTA—
Camp Loretta
- LAKE ALFRED—
Camp Monson
- LAKELAND—
Hays Villa Camp
Sanitary Camp
Little City Camp
Flynt Camp
Kimbraughs Camp
- LAKE CITY—
Lake View Park Auto Camp
Duval Camp
- McINTOSH—
Oak Dale Camp
- MADISON—
Joe's Tourist Camp
- MANATEE—
Braden Castle Camp
- MARIANNA—
Marianna Tourist Camp
- MELBOURNE—
Midway Camp
- MIAMI—
Magwood's Eagle Camp
Miami Camp Grande
Kirks Cottages Camp
Brown's Camp
Keystone Camp
Price Tourist Camp
H. M. Liles Camp
Tennessee Tourist Camp
Hi and Dry Camp
Magic City Camp
- MONTICELLO—
Camp Clarke
- NEW SMYRNA—
Redland Grove Camp
Pools Camp
Bass Auto Camp

BUREAU OF ENGINEERING—(Continued)

- NOKOMIS—
Venice-Nokomis Tourist
- OCALA—
Apple's Camp
Camp Ohio
Ocala Tourist Camp
- OKEECHOBEE—
Pages Auto Camp
- ORLANDO—
Model Park Cottage Apts.
Hands Auto Camp
- ORANGE LAKE—
Camp Triangle
- PALATKA—
Palatka Tourist Camp
- PALM BAY—
Palm Bay Camp
Ohio Camp
- POMONA—
Red, White and Blue Camp
- PUNTA GORDA—
Dandy Tourist Camp
- PLANT CITY—
Pine Grove Camp
Plant City Camp
Our City Camp
- PALM HARBOR—
Palm Harbor Auto Camp
- PENSACOLA—
Bayview Park
- REDDICK—
Jack O' Lantern Grill Camp
- SARASOTA—
White City
Sarasota Tourist Camp
- ST. ANDREWS—
St. Andrews Auto Camp
- ST. AUGUSTINE—
St. Augustine Camp
Dillon's Camp
Post's Camp
- ST. CLOUD—
St. Cloud Tourist Camp
- SOUTH JACKSONVILLE—
Goodbee Lake Camp
Huntley's Tourist Camp
- SANFORD—
Shorts Auto Camp
Sanford Tourist
- SCOTTSMOOR—
Gray Tourist Camp
- SILVER SPRINGS—
Silver Springs Camp
- STUART—
St. Lucie Auto Camp
Stuart Auto Camp
- SEFFNER—
Spencer Park Camp
Chipco Camp
- ST. PETERSBURG—
Lewis Tent City
All States Court
St. Petersburg Auto Camp
St. Petersburg Camp
- TALLAHASSEE—
Tallahassee Auto Camp
- TAMPA—
Uceta Camp
Camp Comfort
Camp Nebraska
Sanitary Camp
- TAMPA—East—
Broadway Camp
- TAMPA—
Try Me Cottage Camp
DeSota Park Camp
Oaks Camp
Wigwam Camp
Oak Springs Camp
Edgewood Camp
Fisher's Tourist Camp
William's Camp
- TARPON SPRINGS—
Tarpon Springs Auto Camp
Sunshine Auto Camp
- TAVARES—
Lakeside Camp
- VERO BEACH—
Tropical Camp
Vero Beach Tourist
- WEST PALM BEACH—
Fowler's Camp
Blue Grass
- WINTER HAVEN—
Winter Haven Camp
- WINTER PARK—
Osceola Camp
- WILDWOOD—
Wildwood Tourist Camp

BUREAU OF ENGINEERING—(Continued)**WHITE SPRINGS—**

The Suwannee River Camp

ZELLWOOD—

Morris Camp

ZEPHYRHILLS—

M. & M. Camp

YANKEETOWN—

Yankeetown Camp

Zephyrhills Free Camp

Above listed Camps have safe drinking water under pressure, flush toilets and sanitary disposal, shower baths, good drainage, electric lights, registration service, garbage and trash service and a camp attendant at all times. You are asked to notify us of any unsanitary camps in Florida. Squatter camping is prohibited.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF DECEMBER, 1928**

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|---------------------------------------|--------------|-------|-----------|-------|-------------|-------|
| Animal Parasites | 1606 | 371 | 90 | 176 | 8 | 2251 |
| Diphtheria | 1188 | 133 | 769 | 126 | 10 | 2226 |
| Typhoid | 241 | 80 | 16 | 30 | 18 | 385 |
| Malaria | 532 | 91 | 14 | 9 | 85 | 731 |
| Rabies | 43 | 5 | | | | 48 |
| Tuberculosis | 192 | 71 | 9 | 67 | 13 | 352 |
| Gonorrhoea | 311 | 190 | 26 | 90 | 7 | 624 |
| Kahn Reactions | 2217 | 788 | | 316 | | 3321 |
| Water: Bacterial Ex. | | 57 | | 120 | | 177 |
| Water: Chemical Ex. | | | | 120 | | 120 |
| Milk: Bacterial Ex. | 37 | 260 | 19 | 283 | 3 | 602 |
| Milk: Chemical Ex. | 38 | 260 | 19 | 135 | 4 | 456 |
| Miscellaneous | 107 | 33 | 11 | 106 | 16 | 273 |
| | 6512 | 2339 | 973 | 1578 | 164 | 11566 |
| Specimen Containers Distributed | | | | | | 11205 |

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|------------------------------|--------------|-----------------|
| Diphtheria Antitoxin..... | 10,000 units | 175 Packages |
| | 5,000 units | 53 Packages |
| Toxin Antitoxin..... | | 6,183 C. C. |
| Schick..... | | 4,400 Tests |
| Tetanus Antitoxin..... | 20,000 units | 24 Packages |
| | 10,000 units | 14 Packages |
| | 1,500 units | 536 Packages |
| Typhoid Vaccine..... | | 336 Treatments |
| Vaccine Virus..... | | 892 Capillaries |
| Antirabic Virus..... | | 62 Treatments |
| Carbon Tetrachloride..... | | 1,625 Capsules |
| Antimeningococcus Serum..... | | 21 Cylinders |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFLUENZA MORTALITY



Everyone has been interested in the prevalence of influenza and pneumonia for some time. Provisional figures have, therefore, been tabulated indicating the monthly mortality for 1928 as compared with 1927 in this state. The tabulation has been prepared for pneumonia (all forms) as well as for influenza. There has no attempt been made

to estimate the number of cases represented in the mortality as that would be somewhat of a speculation at best. It has been the opinion of those best informed that the mortality has not been as high in proportion to the number of cases as it was during the epidemic of 1918. The following table represents provisional figures and will be subject to changes when the official tabulations have been completed.

DEATHS FROM PNEUMONIA AND INFLUENZA FOR STATE
OF FLORIDA BY MONTHS 1927 and 1928

(Provisional Figures)

| Month | 1928 | | | 1927 | | |
|-----------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|
| | Influenza (All Forms) | Pneumonia (All Forms) | Total | Influenza (All Forms) | Pneumonia (All Forms) | Total |
| January | 70 | 168 | 238 | 35 | 120 | 155 |
| February | 71 | 127 | 198 | 34 | 99 | 133 |
| March | 69 | 112 | 181 | 65 | 109 | 174 |
| April | 51 | 100 | 151 | 28 | 79 | 107 |
| May | 35 | 70 | 105 | 21 | 59 | 80 |
| June | 28 | 44 | 72 | 11 | 50 | 61 |
| July | 35 | 51 | 86 | 6 | 48 | 54 |
| August | 53 | 58 | 111 | 3 | 29 | 32 |
| September | 36 | 72 | 108 | 12 | 40 | 52 |
| October | 44 | 58 | 102 | 16 | 68 | 84 |
| November | 52 | 89 | 141 | 35 | 88 | 123 |
| December | 103 | 109 | 212 | 57 | 118 | 175 |
| TOTAL | 647 | 1058 | 1705 | 323 | 907 | 1230 |

BUREAU OF VITAL STATISTICS—(Continued)

OPINION NO. 32: January 22, 1929.

REGISTRATION HEALING ARTS—PENALTY

Physicians, surgeons, osteopaths, naturopaths, midwives or other persons practicing medical or material healing arts, who fail to comply with the provisions of Section 3398 to 3403, Compiled Laws, 1927, relating to registration of all persons practicing the medical or material healing arts is subject to a prosecution for such failure but the failure itself will not prevent the practitioner from complying with the same and thereby avoiding liability for unlawful practice in the future.

I am, therefore, of the opinion that if an individual has failed to register for 1928 although engaged in practice, he is guilty of a violation of the statute, which may subject him to criminal prosecution but yet at the same time there is nothing in the statute which authorizes the withholding from him of a 1929 registration or in requiring him to register for 1928 before he is authorized to register for 1929.

The purpose of the provisions of this act as has been previously pointed out is to furnish a current record of those presently engaged in practice for the particular year in question.

There is nothing in the Act which prohibits a physician who practiced in 1928 without registration from now filing his registration for the year 1928 in order to have recorded the fact that he did practice during 1928 but such filing subsequent to the time fixed in the statute will not by itself exempt him from liability which he has already incurred from the practice without the proper registration.

(Signed) FRED H. DAVIS,
Attorney General.

OPINION NO. 33: January 22, 1929.

REGISTRATION HEALING ARTS—COMBINED

Answering your request of the 17th inst. for my opinion in the premises, I beg to advise that I am of the opinion that a requirement for registration of those licensed to practice medicine, osteopathy, chiropractics, etc., as found in Senate Bills Nos. 75, 77 and 366, all relate to one and the same registration although the requirement is repeated separately in each of these Acts.

Under this construction, it is not necessary that physicians register more than one time with the Bureau although there are two separate statutes which require such registration.

(Signed) FRED H. DAVIS,
Attorney General.

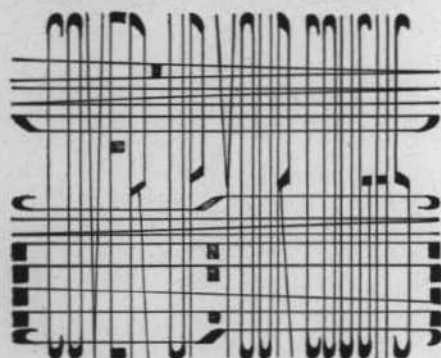
A PAGE for the CHILDREN

MOTHER GOOSE HEALTH RHYMES



THERE WAS A MAN IN OUR TOWN
AND HE WAS WONDROUS WISE.
HE PUT HIS FAITH IN WHOLESOME FOOD
AND HEALTHFUL EXERCISE.
HIS CHEEKS WITH HEALTH WERE ALL AGLOW,
HIS HEART WAS FILLED WITH JOY.
ALTHOUGH HIS AGE WAS SIXTY-THREE,
HE FELT JUST LIKE A BOY!

An IMPORTANT HEALTH MESSAGE



Can you read it?



What's wrong here?

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

Vol. 21

MARCH, 1929

No. 3

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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| *Assistant Engineer |

PUBLIC HEALTH NURSES

Address all correspondence care State Board of Health, Jacksonville

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| Live Oak..... | Bertie Lee Hunter, R. N. |
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| Jacksonville..... | Mary G. Dodd, R. N. |
| Jacksonville..... | Sarah Ida Richards, R. N. |

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B. L. Arms, M. D., State Health Officer

DODGING THE COLD WEATHER

Each year as winter comes to the northern states also comes the urge to avoid the rigors of the season and Florida offers the easiest solution to a great percentage of the residents of these states.

One of the first items to be considered is: What is offered to protect my health and that of my children and how prevalent are the various communicable diseases?

A study of the weekly reports, showing the incidence of communicable diseases, issued by the United States Public Health Service will reveal the fact that this state has a splendid record in that we have comparatively few cases of the so-called childrens' diseases.

One great cause of the small number of cases of diphtheria, scarlet fever, etc., we feel, is due to the fact that our climate not only permits but in fact encourages the children to live more in the open and also, so far as diphtheria is concerned, to the fact that for many years we have stressed the value of toxin antitoxin immunization (the toxin antitoxin being supplied by the State Board of Health). Hence, we have a constantly increasing percentage of protected children which reduces the opportunity for the spread of this disease.

The two great factors limiting typhoid prevalence are the safety of our water supplies, the great majority of which are from sources so deep and so protected that they are free from any surface contamination, and the free use of typhoid vaccine for many years. That this is true has been borne out by the fact that in the months following the great flooding in 1926 there was actually a smaller number of cases of typhoid in the affected counties than there was in either of the two preceding years for the same period when there were but very few cases. In 1928, in spite of the great and long continued overflowed area, not a single case of the disease occurred in the area.

We welcome our visitors and assure them that we will endeavor to protect their health and would add one other suggestion.

Year after year we learn of those, especially among the elder visitors, who leave our state too soon and return to their northern homes only to develop an attack of pneumonia which in too many instances is fatal. Every year has had its list of these in spite of the fact many are realizing that we have a splendid climate not only in the winter but throughout the year and surely spring is a most glorious time to be in Florida. Those who feel that they must return to the north should certainly stay until the danger of cold and dampness has passed.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****THE SOFT PEDAL ON COMMUNICABLE DISEASE NEWS**

Whenever and wherever a communicable disease makes its appearance much talk and discussion goes around by word of mouth about all phases of the situation which menaces the health and perhaps the lives of many. It is quite natural and proper at such times for people to want accurate information, not only as to the extent of the "epidemic," as it is often called, but as to what they can do to retard the spread of disease and especially to protect themselves. It is quite natural too, though not so proper, for gross misinformation to go around. Wild rumors are soon started and the gravity and danger greatly overdrawn if the facts are not promptly given out from an authoritative source. In fact, the lack of definite information promotes the spread of most enlarged reports.

Both methods have been tried—that of giving full publicity to communicable disease outbreaks and that of withholding the truth from publication, for fear of "hurting business," and experience has taught that the former method—taking the public into confidence, so to speak—forestalls the broadcasting of exaggerated accounts, allays the fears of the people and serves the interests of the community better than the method of repressing news.

For a long time the writer has clung to this policy of forestalling Dame Rumor by giving out statements through local papers after investigating communicable diseases and starting control measures. This has seemed to bring about the most friendly understanding and co-operation of the public. Now and then an editor fails to see the advantage of this sort of publicity but the majority are glad to publish health news as submitted and this sort of co-operation always imparts a deep and lasting feeling of gratitude. The editor who refuses to publish timely health news fails in his full duty to the public he serves.

RABIES

If you have ever seen a person with rabies, you will never wish to see another. Every now and then—about once or twice a year—a human death from rabies is reported to the Florida State Board of Health. To the casual reader this may not seem important but to the family losing one of its numbers the tragedy of it is incomparable.

If rabies could not be prevented we might console ourselves but the disease can be stamped out. It has been done in other countries. The eradication of rabies has probably been hindered more by the efforts of well meaning people who feel that muzzling and inoculating valuable animals and destroying the worthless and often ownerless ones is cruelty to animals. Would it not be more humane to our dumb animals to protect them from such a distressing and fatal malady, even if the preventive measures do occasion a little discomfort.

BUREAU OF COMMUNICABLE DISEASES — (Continued)

There is no argument about the intelligence, devotion and intrinsic value of certain well bred dogs. These are usually looked after fairly well but often they are bitten by worthless mongrels inoculated with rabies virus and become, not only a total loss but a grave menace to the master whose love for dumb animals should have protected them.

Of course, no one could have greater love for a dog than for a little child. The thought of a vicious or rabid brute mutilating a defenseless boy or girl is horrifying and yet that is what we permit when we allow dogs to run at large without muzzles and without rabies inoculation.

During the five years ending with 1928, the State Board of Health bought and distributed 2,304 antirabic treatments at a total cost of \$31,950.36. Less than half of this was paid back by persons receiving treatment. That alone entails a needless expenditure of money but it does not represent the total cost by any means. There was much time lost and other money spent by those 2,304 persons who were treated. Many valuable dogs, cows, horses, pigs, sheep and other animals were sacrificed.

A state law requiring muzzling, inoculating, restraining or destruction of dogs might not be easy to enforce but the incidence of rabies would be greatly reduced if only dogs of value were kept and these given proper care.

If a dog has bitten a person,

Do Not Kill The Dog.

To do so may destroy the only means of determining whether it was rabid. Such a dog should be secured where it can do no harm. When it dies the head should be removed, without injury to the brain and sent to the State Board of Health for examination.

TO PREVENT CREEPING ERUPTION

With the approach of warm weather and rains comes the annual outbreak of "Creeping Eruption", for the prevention of which definite measures have been set forth. Avoid contact with wet ground. Lying on the ground while adjusting an automobile, working in damp soil, playing in wet sand, wading in puddles after a rain are among the most common ways of getting the little parasites into the skin. A thorough cleansing bath and fresh clothing after such exposures will doubtless remove many of the parasites that cause the eruption.

"Worm" The Cats and Dogs

Recent studies have shown quite definitely that the minute nematode (round worm) which causes creeping eruption is the embryo of a cat and dog hookworm, *Anchylostoma Brazileuse*, and this discovery points to a new preventive measure; namely, preventing soil contamination with the excrement of cats and dogs infested with hookworms. This may be accomplished by keeping the cats and dogs off the premises or by periodically treating them for hookworm disease so that their excrement will not contain the hookworm eggs.

BUREAU OF DIAGNOSTIC LABORATORIES**Pearl Griffith, B. E., Acting Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF JANUARY, 1929**

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|---------------------------|--------------|-------|-----------|-------|-------------|-------|
| Animal Parasites | 1610 | 484 | 13 | 191 | 32 | 2330 |
| Diphtheria | 560 | 269 | 31 | 54 | 49 | 963 |
| Typhoid | 273 | 96 | 11 | 52 | 15 | 447 |
| Malaria | 255 | 79 | 13 | 14 | 64 | 425 |
| Rabies | 36 | 7 | | 3 | | 46 |
| Tuberculosis | 230 | 75 | 6 | 61 | 32 | 404 |
| Gonorrhoea | 386 | 187 | 24 | 114 | 5 | 716 |
| Kahn Reactions | 3126 | 926 | | 560 | | 4612 |
| Water: Bacterial Ex. | | 63 | | 127 | 4 | 194 |
| Water: Chemical Ex. | | | | 158 | 4 | 162 |
| Milk: Bacterial Ex. | 53 | 72 | | 289 | 6 | 420 |
| Milk: Chemical Ex. | 56 | 72 | | 133 | 6 | 267 |
| Miscellaneous | 155 | 28 | 6 | 84 | 202 | 475 |
| | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| | 6740 | 2358 | 104 | 1840 | 419 | 11461 |

Specimen Containers Distributed 14292

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|------------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 109 Packages |
| | 5,000 units | 45 Packages |
| Toxin Antitoxin..... | | 5,217 C. C. |
| Schick..... | | 5,100 Tests |
| Tetanus Antitoxin..... | 20,000 units | 12 Packages |
| | 10,000 units | 12 Packages |
| | 1,500 units | 527 Packages |
| Typhoid Vaccine..... | | 676 Treatments |
| Vaccine Virus..... | | 2,780 Capillaries |
| Antirabic Virus..... | | 58 Treatments |
| Carbon Tetrachloride..... | | 1,909 Capsules |
| Antimeningococcus Serum..... | | 16 Cylinders |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Mrs. Laurie Jean Reid, R. N., Director****MAY DAY**

In the closing days of the spring session of 1928, the Congress of the United States passed a joint resolution establishing May 1 as National Child Health Day in order to "awaken the people of the Nation to the fundamental necessity of a year-round program for the protection and development of the health of the Nation's children." The whole purpose of May Day, Child Health Day, is, therefore, to stimulate public interest, inform the Nation as to the progress and needs of child health programs, to stir up all our citizenry, both groups and individuals, to concerted action. May Day, Child Health Day, is a plea for teamwork—teamwork among all the forces within the community, the home, the school, the professions, the official and private health agencies, and other organized groups interested in the welfare of children.

To every child in America should apply

The Child's Bill of Rights

The ideal to which we should strive is that there shall be no child in America:

That has not been born under proper conditions

That does not live in hygienic surroundings

That ever suffers from undernourishment

That does not have prompt and efficient medical attention and inspection

That does not receive primary instruction in the elements of hygiene and good health

That has not the complete birthright of a sound mind in a sound body

That has not the encouragement to express in fullest measure the spirit within which is the final endowment of every human being.

(Signed) President,

American Child Health Association

This year for May Day celebration we are asked to emphasize "The Spirit of Sport" in a "Play Day," not in the spirit of competition between groups of individuals but rather the spirit of "come play with us." So many fine qualities are developed in play, and if the day's fun does not mean being "dressed up", but just games and sports, out-of-doors with other children in friendly competition, the spirit of good will and happiness is spread.

Programs to fit any size community or county can be had by addressing the American Child Health Association, 370 Seventh Avenue, New York City, and asking for programs.

Since good health is necessary if the child is to enjoy "Play Day," the all-the-year-round program should be carried out and that means continuous effort on the part of each community group from the first grade pupils to the parents, teachers, and the general public. This year let us begin early to organize for May Day and make the response from Florida outstanding, wholesome, and beneficial to all.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****ARE YOU INTERESTED IN MOSQUITOES? ? ?**

Be at

Ft. Pierce—March 19th and 20th

7th Annual Meeting

FLORIDA ANTI-MOSQUITO ASSOCIATION

Governmental, industrial, railway officials, health workers, developers and anti-mosquito enthusiasts, all will be present.

The Clearing House for Anti-Mosquito Dope

RAMBLING OBSERVATIONS

The Gadsden County Federation of Women's Clubs at a meeting in Quincy on February 8th gave their unqualified indorsement of the plan to secure a full time county health department to combat malaria, typhoid and other communicable diseases within the county, and a full time physician as director, a trained sanitary inspector and a nurse, if possible. As malaria is a very prevalent disease in this portion of the state it is hoped that this unit will be formed. Mrs. Meade A. Love of Quincy is pushing this project which has the support of the State Board of Health. At the meeting, in addition to the writer, Dr. F. A. Brink and Mrs. Laurie Jean Reid of the State Board of Health spoke in favor of such a unit. Mrs. Ethel T. Porter of Stuart, Florida, State Federation Chairman of Public Welfare also spoke in favor of the project.

Seventh Annual Meeting, Florida Anti-Mosquito Association
Fort Pierce—March 19th and 20th

On an inspection trip of the clearing work in the West Florida Power Company's hydroelectric development at Jackson Bluff in the Ochlockonee in Leon and Gadsden Counties a "sure cure" for tuberculosis was obtained. Near the proposed power lake is a small pond and a grist mill of the old water wheel, stone type. In securing some water ground meal from the hale and hearty, 70 year old miller the subject of tuberculosis came up and, with a twinkle in his eyes, the spry old miller informed us that all that was needed to cure tuberculosis was "the dust from an honest miller's hat." Possibly this is based on the long established belief that honest millers are as scarce as the proverbial "hen's teeth".

Seventh Annual Meeting, Florida Anti-Mosquito Association
Fort Pierce—March 19th and 20th

Florida has been honored by many famous visitors and we have had the pleasure of having several health workers with us from other sections of the United States during the past few weeks. Mr. W. L. Stevenson, Chief Engineer of the Pennsylvania State Board of Health

BUREAU OF ENGINEERING—(Continued)

has been accompanying the writer on his official trips about the state. Mr. Stevenson is much interested in the many diverse problems to be met by the Engineering Bureau in Florida as compared with the work of his own department. Mr. L. H. Clarkson, director of the Bureau of Engineering of the Georgia State Board of Health, was a visitor to Florida on the inspection trip of the Ochlockonee project. Mr. Clarkson has several very similar projects in South Georgia and is much interested in our problem and the data we have secured as to the incidence of malaria in the vicinity of the power lake.

Seventh Annual Meeting, Florida Anti-Mosquito Association
Fort Pierce—March 19th and 20th

Dr. L. L. Williams, Jr., director of malaria research of the U. S. Public Health Service, was also on the Ochlockonee trip and afterwards interviewed physicians of lumber companies and others along the Atlantic Coast Line Railway from Perry to Dunnellon. Malaria has been widespread during the full of 1928 among the industries along this railroad. It was an observed fact that many of the lumber companies had created trouble for themselves by improper location of their mills with regard to anopheles-producing areas. A striking example of far sightedness in this matter is the new development of the Brooks-Scanlon Lumber Company near Perry, Florida. This firm is properly locating their mill and village site and planning water systems, sewers and mosquito control. They seem to realize that a full day's work by a man free of malaria and whose family is well and not down with the "chills and fever" will turn out more board feet of lumber than one actually half sick or worried over the condition of his loved ones.

Seventh Annual Meeting, Florida Anti-Mosquito Association
Fort Pierce, March 19th and 20th

Dr. C. B. Crittenden, former State Health Officer of Tennessee, representing the American Public Health Association, has been conducting a public health survey in this State in conjunction with the State Board of Health for the Association.

The counties selected for this survey in the State of Florida were Polk and Lake. The various departments of the State Board of Health assisted Dr. Crittenden in his work and the cooperation of the city and county officials greatly assisted toward the success of this survey. Valuable data were compiled by Dr. Crittenden for the Association. The American Public Health Association is conducting such surveys in every State in the union and two counties in each State are selected for the report. The survey deals with the many phases of the public health problem and the following are some of the subjects looked into: water, sewerage, milk, school sanitation, public improvements, assets and liabilities of each city, town and county. The main idea is to determine the feasibility of a county health unit.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****UNUSUAL PUBLICATION**

The interest of everyone is always secured in connection with progress. Florida records have made another advancement of which we are justly proud. At one time, the question was asked as to the number of individuals practicing the healing arts in Florida. No centralized records were available. Through the efforts of organized medicine, a law was passed in 1927, requiring those practicing the healing arts to register annually with the State Board of Health. This law has been carefully put into operation and within the next few weeks, a list will be published showing the names and addresses of those practicing the healing arts in this state. A copy of this publication will be mailed to every individual who has registered and a copy will be mailed, on request, to any citizen in the state as long as the supply lasts.

1928 TABULATIONS AVAILABLE SOON

It is too early to publish new tabulations for the calendar year 1928 as we are now carefully searching for unreported births and deaths. As soon as the follow-up work has been completed and the entire state carefully checked for missing records, the books will be closed and the 1928 tabulations made available and published as far as possible. As a substitute for vital statistics tabulations, editorial comments from Hygeia appear as follows:

WHY A DEATH CERTIFICATE IS IMPORTANT

Certificates of death are important factors in the keeping of accurate vital statistics. The bureau of the census of the Department of Commerce at Washington has arranged standard methods of reporting and the states that conform to its requirements are grouped into what is known as the United States registration area.

The bureau sets forth the following reasons why reporting of death certificates is important, quoted in Hygeia by Dr. Thurman B. Rice:

1. Certificates of death or certified copies of them are constantly required in courts and elsewhere to establish necessary facts.
2. Pensions or life insurance may depend on proper evidence of the fact and cause of death.
3. Titles and rights to inheritance may be jeopardized by the failure of records.
4. Deaths should be registered that public health agencies may know the causes of death and act promptly to prevent epidemics.

BUREAU OF VITAL STATISTICS—(Continued)

5. Deaths should be registered promptly that the success or failure of all measures attempted in the prevention of disease may be accurately determined.

6. Deaths should be registered that individual cities and localities may learn their health conditions by comparison with conditions in other communities and determine thereby the wise course of public health activity.

7. Deaths should be recorded that home-seekers and immigrants may be guided in the selection of safe and healthful places to live.

ALL BABIES ARE BORN BLIND, PHYSICIAN SAYS

Infants are born blind and their eyes do not work well together. Therefore parents should not be alarmed if they discover that a new-born child does not see or that it seems cross-eyed, Dr. Thomas H. Shastid says in Hygeia.

But if after the child is 3 months old his eyes still seem crossed or otherwise out of line, it is certain that something is seriously wrong with them.

Another point to which Dr. Shastid calls attention is that young babies do not shed tears when they cry for several weeks after birth. He encourages parents who hope their babies will have brown or black eyes and are disappointed to find them blue. All babies' eyes are blue, but many of them change later to darker hues.

These are things not to worry about, he concludes. On the contrary there are several things that are of the greatest concern. Keep the baby's eyes unexposed to dust, smoke, bright light and sharp objects. At the first sign of redness, swelling or discharge have them seen to promptly, completely and expertly.

NEW EDUCATION HELPS PROMOTE HEALTH

Education in the past was devoted primarily to a study of reading, writing and arithmetic, which, while of the greatest practical value, nevertheless did not insure to the child good health, observes Hygeia, the health magazine of the American Medical Association, in the June issue.

Since good health is the one attribute of life that may be considered absolutely essential to some degree of happiness, it is a mark of progress that children are learning in school to preserve their health. Instead of spending his time learning that the exports of Sardinia are not sardines, the child finds out that orange juice added to milk supplies a necessary vitamin, that potatoes are rich in carbohydrates or starches and sugars, that milk is one of the best foods, that cleanliness is not only next to godliness, but is also an aid to longevity.

BUREAU OF VITAL STATISTICS—(Continued)**SKIN PERFORMS VARIED TASKS**

Probably few persons realize the variety of tasks that the skin performs. The skin is the part of the body that is concerned with the relation of the body to its environment. Dr. B. C. H. Harvey lists its functions in the initial article in a series on human anatomy in the January Hygeia.

The skin must defend the body against mechanical violence, against loss of water or ingress of water and other fluids. It must keep out bacteria and poisons. It must regulate the temperature, which in health is constant, arranging for retention of heat and for loss of heat when either is necessary. It makes weapons of offense, such as the nails. It is peculiarly exposed to wear and tear and must renew the surface tissue when that is scraped or worn away.

The skin does all these things at the same time and to just the extent necessary. In addition it provides nourishment for the infant; it keeps the eye covered with salt water (we could not see through a dry membrane); it makes a tube which allows air waves to get to the drum membrane of the ear and keeps insects out; it provides a firm, non-slipping surface for hands and feet and performs a hundred other special services in different parts of the body, Dr. Harvey points out.

FOOD SENSITIVENESS GIVES RISE TO VARIED ILLNESSES

Sensitiveness to certain foods is a curious condition that afflicts many persons. It gives rise to such varied manifestations as hay-fever, asthma, chronic cough, hives, eczema, stomach and intestinal disorders, migratory swelling of the hands and feet, convulsions, headaches, weakness and dizziness.

Extreme cases of such sensitiveness are described in an article in the January Hygeia by Dr. W. W. Duke. A man had had asthma for many years. In addition he had occasionally terrific attacks that he thought were due to heart disease. The attacks began with a feeling of tightness in the chest, followed by an intense itching. In a few moments he became prostrated and then lost consciousness for fifteen or twenty minutes.

The man had noticed that three of these attacks had come on after he had licked postage stamps, one after he picked up a bottle with a wet label and one after he picked up a fish. Examination proved that he was sensitive to fish and derivatives of fish such as glue.

Less sensitive cases are also described by Dr. Duke. Persons become sensitive to wholesome articles of food that are harmless to normal persons. Once sensitive the victim is inclined to become ill whenever he eats the food. He may be safe in eating small amounts. For instance, a person sensitive to egg may eat one egg, but cannot eat two. Certain others can tolerate the amount of milk used in cooking and in coffee, but may be made ill by drinking one glass of milk.

BUREAU OF VITAL STATISTICS—(Continued)

Treatment of allergy, as this peculiar condition is called, depends primarily on correct diagnosis. The simplest cure, once the cause is found, is avoidance of the substance that causes trouble. But in the case of foods commonly eaten, such as milk, eggs, wheat or sugar, avoidance is almost impossible. In this case the patient should try to become accustomed to the poison agent.

If a sensitive person is gradually exposed to infinitesimal, gradually increasing amounts of the noxious agent, he frequently becomes tolerant so that he can stand unlimited amounts. It is actually possible to make a milk-sensitive person get fat on milk.

The diagnosis of a case of allergy taxes the ingenuity, knowledge and patience of a physician. If it is studied out in sufficient detail and treated intelligently, however, the physician can often obtain astonishing cures of chronic disease in a remarkably short time.

FOOT TROUBLES INCREASE WITH SPIKE HEELS

Corns, calluses, warts and bunions are nature's protest against shoe insult, asserts Dr. S. Elizabeth Van Duyne in the January issue of *Hygeia*. From a study of feet of students at Goucher College Dr. Van Duyne presents the following general conclusions:

1. Many thickenings and calluses not previously observed have been noted at the back of the heel since spike heels have been worn. In a few cases it was found that the heel tendon had contracted and the wearing of low heels caused discomfort or pain.

2. The large number of lowered anterior arches seem to indicate that even the wearing of spike heels for dress occasions may be followed by damage to these arches.

3. Backache is likely to be increased by the wearing of high heels.

4. The danger of injuries from falls is unquestionably greater in high heels.

5. Fatigue, irritability and nervous conditions appeared to be associated with the wearing of high heels.

6. Pain during monthly periods seemed to be increased in those who wore high heel more than half the time and probably in many who wore high heels only for dress occasions.

TOO MUCH EXERCISE MAY BE DANGEROUS

Exercise is an aid to health. It lengthens and strengthens the muscles and adds to the attractiveness of the body. It stimulates the circulation, furnishing oxygen to the blood and aiding in the removal of waste products. It encourages intestinal elimination and increases perspiration.

BUREAU OF VITAL STATISTICS—(Continued)

Valuable as it is, however, exercise can be carried to extremes. It is principally dangerous to the heart. If the heart is healthy there is no danger, but if it has been affected by some infectious disease such as diphtheria, rheumatism or scarlet fever, one must beware of abnormal exercise, warns Dr. James O. Nall in *Hygeia*, the health magazine of the American Medical Association.

Exercise is useful in the treatment of many diseases. It is used in hospitals for mental patients to aid in the recoordination of mind and body and in physical therapy departments of general hospitals for general treatment of disease. It corrects postural defects in many cases.

Exercise, therefore, must be indulged in with due regard to one's age and physical condition. A moderate amount is a necessity for a healthy person and it is a method of treating the sick. It is a standard tonic, but like other tonics, it has its purpose and proper dosage, Dr. Nall concludes.

VITAL RECORDS PICTURE FIGHT AGAINST DISEASE

Two popular misconceptions of vital statistics are refuted by Dr. Thurman B. Rice in the current *Hygeia*—first, the notion that vital statistics are necessarily technical and mathematical; second, that the whole subject is extraordinarily dry and uninteresting.

The experts who arrange data and figure out all the things that vital statistics show must know their higher mathematics, it is true. But the persons who use them do not need to be experts any more than the man who drives an automobile needs to be an expert mechanic, Dr. Rice counters.

Concerning the charge that vital statistics are dry, Dr. Rice marvels greatly. "Mrs. Jones had a baby born this morning"; "Sam Wilkins died last night of pneumonia"; "Aunt Mary has tuberculosis"—these are the stuff from which statistics are made. How can such information be dry? Birth and death and sickness rates mirror most of the drama there is in life, he points out.

It is only through the keeping of accurate records that we can know whether we have made progress in the fight against disease. The death rate for tuberculosis in a certain state is 81.3 per hundred thousand, which means for that state 2,551 persons died of that dread disease. This seems terrible, but it is well to remember that the rate was formerly 200 or even 500. Then, Dr. Rice adds, there is the alluring prospect of being able to push the figure farther down.

The records tell the story of the gigantic struggle of the human race against terrible odds in the conquest of disease. In conclusion Dr. Rice notes that it is only since careful records have been kept that consistent gains have been made.

BUREAU OF VITAL STATISTICS—(Continued)**FIXED MENTAL STATES HINDER HEALTH PROGRESS**

Certain mental reactions are the greatest obstacles to health, Dr. W. W. Bauer, an active health officer, has found in his work in public health. He illustrates these obstructive states of mind in an article in *Hygeia* for December.

There is the person who refuses to go to a doctor for fear of what the doctor will find. Another is so impressed with an occasional fatality from a surgical operation that he will die rather than submit to one. Some people are just naturally against everything and nobody can tell them what they ought to do about their own health.

Dangerous optimism is illustrated by the person who refuses to take precautions because he is sure he isn't going to take smallpox. Suspicion of the health officer's motives in recommending progressive measures plays a large part in opposition.

The emotional attitude toward health matters is a frequent stumbling block in clinical work with children. It is exemplified by the mother who wants her children to have diphtheria prevention but cannot bear to see them stuck with a needle.

Public health in the future depends no more on dissemination of knowledge than on the conquest of these attitudes, Dr. Bauer believes. In the last analysis they are responsible for the continued existence of plagues like diphtheria and smallpox, for which the weapons of annihilation are now available.

SMALLPOX: AN ETERNAL CONFLICT

Adequate vaccination laws represent the one effective means of providing security against the return of smallpox as the greatest and most horrible menace afflicting mankind, comments an editorial in *Hygeia* for December.


It is now possible to perform vaccination without the slightest danger and the child who has not been vaccinated is not only exposed to danger himself but is a menace to others if he should become infected with the disease.

Wherever vaccination is left to hap-hazard enforcement, smallpox increases in frequency, the editorial continues. The person who has smallpox scars today is a walking monument to his own ignorance or to that of his parents.

a PAGE for the CHILDREN

HEALTH TIME TABLE





By FATHER TIME



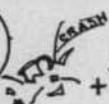


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




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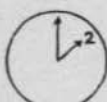
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




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





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


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HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

Vol. 21

APRIL, 1929

No. 4

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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ADMINISTRATION**B. L. Arms, M. D., State Health Officer****HEALTH**

Extract from the Message of Governor Henry H. Horton to the Senate and House of Representatives of the Sixty-sixth General Assembly of Tennessee—January 14, 1929.

"Under the leadership of the State Department of Health, Tennessee is making sound progress in the development of a constructive program for the protection of the public health. So noticeable has been this progress that the attention of both national and foreign health authorities has been attracted, as is evidenced by the frequent visits of foreign and national health officials to study the Tennessee system. We must continue to progress with our health program until no citizen of the State is denied the full protection made possible by the application of the present knowledge of the causes and cure of disease."

There is no state in the union that has greater natural advantages than Florida but in order to capitalize them to the fullest extent we must assure the people that we are prepared to give them every health protection possible and a combination of the two will increase the attraction the state has for the people in other states.

The extent of the health work in the state is determined by the amount of funds provided.

There are many diseases which are preventable—smallpox, diphtheria and typhoid being the best examples of those that can be absolutely reduced to a negligible number by known and tried methods and the incidence of tuberculosis can be greatly diminished by finding the cases early and instituting proper measures thus preventing the infection of others.

These are but a few of the preventable diseases that can be controlled and what stronger inducement can be offered prospective citizens than health protection?

The State Board of Health should be able to do many times the number of physical examinations of school children we are now able to make and each year we are asked to make more than our funds will allow.

The calls for immunization of the school children are increasing and our medical officers have done splendid work along this line and with adults as well. The fact that there have been no outbreaks of communicable disease, especially typhoid, after the storms and high water bears witness to the fact that the immunizations done in the past ten years have certainly been a good investment and have helped the state, and, conversely, an outbreak of disease following any of the storms would have hurt the entire state.

ADMINISTRATION—(Continued)**ON THE JOB**

When the members of the staff of the State Board of Health read the accounts of rising rivers in Georgia and Alabama a short time ago, they made their plans to meet any situation that might arise and when the high water reached the western part of the state, those already there were given reenforcement from other sections. The health situation was met by the doctors, nurses and sanitary officers of the staff and notwithstanding newspaper reports to the contrary, there has not been danger of an outbreak of typhoid; furthermore, there has been a plentiful supply of typhoid vaccine in the area at all times.

It is needless to say that we will continue the follow up work for the protection of the health of the people as that is our function.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

**SUMMARY OF WORK DONE IN THE LABORATORIES
DURING THE MONTH OF FEBRUARY, 1929**

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|---------------------------|--------------|-------|-----------|-------|-------------|-------|
| Animal Parasites | 2075 | 721 | 29 | 240 | 49 | 3114 |
| Diphtheria | 464 | 120 | 16 | 140 | 22 | 762 |
| Typhoid | 259 | 65 | 19 | 60 | 18 | 421 |
| Malaria | 231 | 55 | 15 | 18 | 41 | 360 |
| Rabies | 29 | 10 | | 3 | 11 | 53 |
| Tuberculosis | 199 | 72 | 9 | 59 | 18 | 357 |
| Gonorrhoea | 381 | 141 | 24 | 122 | | 668 |
| Kahn Reaction | 3143 | 847 | | 372 | | 4362 |
| Water: Bacterial Exam.... | | 40 | | 82 | 6 | 128 |
| Water: Chemical Exam.... | | | | 82 | 11 | 93 |
| Milk: Bacterial Exam..... | 50 | 124 | | 130 | 11 | 315 |
| Milk: Chemical Exam..... | 59 | 124 | | 102 | 11 | 296 |
| Miscellaneous | 110 | 20 | 7 | 108 | 98 | 343 |
| | 7000 | 2339 | 119 | 1518 | 296 | 11272 |

Specimen Containers Distributed 6903

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|------------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 149 Packages |
| | 5,000 units | 50 Packages |
| Toxin Antitoxin..... | | 7,557 C. C. |
| Schick..... | | 6,550 Tests |
| Tetanus Antitoxin..... | 20,000 units | 35 Packages |
| | 10,000 units | 17 Packages |
| | 1,500 units | 484 Packages |
| Typhoid Vaccine..... | | 740 Treatments |
| Vaccine Virus..... | | 3,040 Capillaries |
| Antirabic Virus..... | | 38 Treatments |
| Carbon Tetrachloride..... | | 2,025 Capsules |
| Antimeningococcus Serum..... | | 42 Cylinders |

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****RURAL HEALTH SERVICE**

For more than ten years there has been a steady increase in the number of counties in the United States provided with full time health service. During 1927, after the Mississippi River flood, the number of counties so provided for, increased by 77 or more than 22%.

The County Health Unit seems to be a fixture. The main reasons for its existence, seem to be the difficulty of providing efficient local service to larger areas, the prohibitive cost of efficient service to smaller areas and the needless prevalence of preventable sickness when health service is lacking.

On January 1st, 1928, Alabama had 33 counties organized for full time health service, Georgia had 27 and Florida only 3. Ohio leads all other states with 47 organized counties. The plan is gaining in favor, particularly in the south, and many Floridians, knowing the benefits of local, rural health service, have become interested and have inquired about the means of getting this service for their own home counties. An enabling act, authorizing county health service was introduced in the 1927 legislature but lost in the final scramble. It has been revised for presentation to the 1929 session and we hope for its early enactment. Failing to pass, it will doubtless be presented as a local bill for one or more counties. That will encumber the calendar, involve unnecessary local expense for advertising and be of local benefit only.

County commissioners are elected by the people. Does it not seem logical to authorize them to appoint a County Board of Health, employ a qualified health officer and appropriate money to pay the cost of health service? Is it not very unlikely that they would do so against the wishes of their constituents? Could they use the people's money in any better way?

What Is Health Service?

The functions of a county health unit are much the same as those of the State Board of Health. Local health service supplements and extends that of the State Board of Health. Communicable Disease control is usually the first thought. If smallpox makes its appearance, it will spread but little, if people are vaccinated PROMPTLY. Typhoid and diphtheria will not prevail in a population that is immune to those diseases, and a good health officer, by prompt action and with the cooperation of the people will reduce to a minimum the incidence of these and other communicable diseases.

Sanitation

The disposal of human wastes—the sewage problem is a matter deserving of greater consideration. In a county having 100% sani-

BUREAU OF COMMUNICABLE DISEASES—(Continued)

tary privies, hookworm disease soon becomes a matter of memory only; typhoid and the intestinal diseases are rarely if ever seen. There are yet some counties in which the control of hookworm would be worth the total cost of a health unit. The loss of efficiency due to hookworm disease among school children and adults is sometimes appalling.

Malaria

In certain counties malaria control would need to be a major project. Malaria can be controlled and it does not always involve great expense. A single pond may breed the anophelene mosquitoes that cause all the malaria for a mile around. That pond may be drained at very small cost. In other localities screening may be the best control measure, or the administration of quinine in proper amounts and for sufficient time. In every community the people must have instruction and must cooperate. If the cost of sickness from malaria could be accurately computed, the results would be most alarming.

Dairies, markets, groceries and restaurants receive helpful attention from a County Health Officer, likewise clinics and school health work—physical examinations—may well occupy a share of his time.

Only a few of the problems that confront the health officer have been mentioned. Full time health service does not cure all the ills of a county but experience has clearly shown that it reduces markedly the sickness and death rates for preventable diseases and soon "sells itself" to the people.

FLOOD WORK

Dr. Henry Hanson and Dr. A. P. Harrison rendered valuable service to flood sufferers, particularly by giving typhoid preventive treatment. Dr. Hanson covered the large territory west of the Choctawhatchee River, while Dr. Harrison served the people of Bonifay, Caryville and vicinity.

Typhoid treatments are always in order but especially during times of distress, migration, new food supplies, new and possibly contaminated water and new personal contacts.

CAT AND DOG HOOKWORM HARMFUL TO MAN

Anchylostoma Braziliense, a hookworm variety that lives in the intestines of Florida cats and dogs has been shown to cause CREEPING ERUPTION in man. If animals infested with this parasite contaminate your grounds with their excrement you are likely to get creeping eruption from contact with the soil, and people who have had creeping eruption say it is terrible. A word to the wise ought to be sufficient. If you don't want to have creeping eruption, get your cats and dogs treated or get rid of them.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

"HEALTH IN PLAY"

The purpose of the May Day celebration is to focus attention upon our most precious national asset—our children.

In holding May Day celebrations the ideal of joyous health may be emphasized from the viewpoint of the children themselves and this can best be begun by out-door festivals, pageants, community programs which should always include games, parades and picnics in which the children themselves should have the most important parts. Nothing gives a child more pleasure than to dress up and act, and if Johnny while masquerading as an orange in a parade, learns the lesson of the dietary value of an orange and Eva, appearing as a rosy apple in a garden scene, is taught all the good that may be derived from "an apple a day", the time given to the teaching is not lost.

No hamlet is too small or no city too large for May Day to be forgotten, and schools, boys' and girls' organizations or Sunday Schools, in cooperation with civic organizations should make their programs as elaborate as time and resources will permit. Health in play should be emphasized. Play is a child's natural birthright and the first lesson in health may very well be taught to the child through play.

Children are not interested in health for health's sake, but if Tommy discovers that the daily performance of health habits will make him eligible for the track team or the base ball nine and Margaret understands that attention to diet and exercise will paint prettier roses in her cheeks than can be bought in the drug store, we will have gone far on the road of positive health for children. Encourage the desire to excel and the spirit of fair play by contests in walking, running, climbing, swimming and in the many children's games so easy to teach, so much to be enjoyed, and so productive of good.

"London Bridge", "Farmer in the Dell", and a hundred and one other singing games, will give the lungs fine exercise and help produce a chest expansion that will be a matter of pride to any child.

In Florida, this land of beautiful sunshine and fertile soil, we are blessed with a climate which permits life in the open almost continuously. Florida families are also fortunate in that green vegetables and fresh fruits, which are so essential to physical growth and development, are always obtainable. Here in Florida, with these many advantages, children should maintain the maximum of health and

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

it is for this reason that we wish to emphasize May Day as the children's health day.

We celebrate our National holidays to emphasize patriotism, we celebrate the birthdays and anniversaries of the outstanding men, women and events of our country to keep alive our ideals of valor and courage. Is it not fitting then, since the child is the hope of the nation, that we single out this, our most precious possession and devote May Day to the celebration? The slogan "The First of May is Every Child's Day" should be looked upon as a forerunner of a better slogan which should express the truth, that "Every Day is Every Child's Day." With this as our goal, every effort must be made to increase the interest of all groups who are working with children.

All boys and girls should learn those habits and acquire those ideals and attitudes which will help most to give them strong bodies and alert minds, a happy outlook on life, and the greater opportunity for usefulness to their fellow citizens and to their country.

Every baby should be born under circumstances which insure a healthy and vigorous start in life so far as possible. Every child should have the advantages of wholesome living conditions and of health supervision, which will maintain freedom from defects and facilitate a sturdy development. For all school children there should be a complete program of health protection, health education and development. Such a school program should provide for education and training of the child in the development of health habits.

Ideals and attitudes tend to make for community health as well as for individual health. Provision should be made for education in health, taking advantage of the possibilities of correlation with various school subjects; courses offered in such subjects as civics, science, home economics, and physical education should be definitely planned with the idea of promoting mental and physical health.

The reason that we grown-ups work for more sanitary surroundings, better schools and colleges and improved living conditions is not so much for our own comfort, but that we may leave behind us communities where life will be happier, safer, and more livable for our children. Let us make one big concerted effort this year, beginning with a rousing May Day program which will include the whole community, when even the oldest grown-up will take part in the celebration, and with it resolve to so conduct the business and activities of the community that next May Day shall find Florida children as they have every right to be—one hundred per cent perfect.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****CONCENTRATE OF 1928 ACTIVITIES****BUREAU OF ENGINEERING:**

Created—July 1st, 1916 as part of the administrative policy following Act of Legislature of 1911 authorizing employment of sanitary engineer.

Personnel—Office force of 3 including chief engineer; field force of 8. Main office Jacksonville, Branch at Tampa.

ACTIVITIES:

General Sanitation—Sanitary inspections of every nature in every incorporated place in Florida and in many lumber mill villages, towns, etc. Special record of work done in any place or county available. Specific sanitary surveys—very complete—made of seven cities during 1928. Assistance often rendered to municipal health authorities on all sorts of sanitary matters.

Water Supply—Field and office checking of plans for new public supplies. Routine inspections of purification methods in use throughout state. Monthly bacteriological examinations of public supplies. 4820 tests made in 1928; 3300 in 1927 and 1770 in 1926. Field inspection and examination of all bottled waters sold in the state in accord with Board regulation requiring such places to have a permit. Certification to Federal Government of all water used on trains and boats within Florida—one of the very few states to have this work done 100% and accepted by Washington. Operating advise as to orthotolidine control of chlorination given plant operators. Emergency chlorine control apparatus, parts and gas available at all times for use. Florida Section—American Water Works Association guided through successful year.

Sewerage, Sewage Disposal, Privy Sanitation—Field and office checking of plans for new installations and extensions. Routine field inspections of disposal plants and instructions to plant operators as to proper operation. Inspections and orders to abate stream pollution. Studies of disposal of manufacturing wastes. Privy work done in 145 towns and places and 596 dangerous open privies reported corrected.

School Sanitation—Inspection of every school in Florida for water supply and waste disposal was completed March first 1929. Correction of defects in water supply and open privies secured in hundreds of cases since work started. Plans for new schools studied and advice as to water and sewerage given.

BUREAU OF ENGINEERING—(Continued)

Malaria and Mosquito Control—Inspections of conditions and complaints looking to control of mosquitoes and malaria. Expert advice under many conditions. Creation of public sentiment for county wide control measures especially along East Coast. Second year survey and study of malaria conditions about the Jackson Bluff Hydroelectric Project near Tallahassee. Conducted successful meeting Florida Anti-Mosquito Association.

Swimming Pool Sanitation—Enforcement of Act of Legislature of 1919.

Drainage Well Control—Enforcement of Act of Legislature of 1913 regarding prevention of pollution of underground waters by use of drainage wells.

Milk Sanitation—Inspection of dairies for small cities. Advocating better milk ordinances. Furthering Standard Milk Ordinance of Federal Government and its adoption secured by nine cities. Milk studies made as part of sanitary survey of cities.

Institutional Inspection—Detailed sanitary inspection made of all places operating under jurisdiction of State Board of Public Welfare as provided by Legislative Act of 1927.

Oyster Sanitation—Co-operative activity with State Shellfish Commissioner and Federal authorities. Enforcement of requirements as to growing areas and handling to enable Florida oysters to be sold on all markets in United States.

Tourist Camp Sanitation—Regular inspection of all tourist camps as required by Act of Legislature, 1927. In 1928, 235 camps were certified; on Jan. 1, 1929, 164 are listed.

Miscellaneous—Checking of all complaints of a sanitary nature. Inspection of existing conditions at garbage disposal plants. Investigations of typhoid fever outbreaks.

Disaster Relief Work—All men available for immediate action in case of disaster. Field men have been on duty doing disaster work as follows in 1928: Caryville-Westville flood, C. N. Hobbs; flooding of Center Hill, Webster and Cross City, C. A. Holloway; West Palm Beach, V. B. Lamoureux; Lake Worth, D. H. Osborn; Pahokee-Canal Point, R. Broughman; South Bay, Ritta, etc., Geo. Reed; Okeechobee, G. A. Renney; Belle Glade, F. A. Safay and E. L. Filby. Every man of the force has been on duty on disaster relief sometime during 1928.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****FLORIDA'S MORTALITY, 1928**

Death will come eventually to everyone. The lives of 18,932 persons terminated in Florida last year. This represents a rate of 12.5 per one thousand population. 11,353 deaths were in the white population and 7,579 in the colored. This figure representing the total number of deaths may or may not be favorable as compared with mortality in other states or countries.

Florida has been greatly blessed with an abundance of sunshine, fruits and flowers. Long life should prevail in Florida. Sometimes, however, the very best is not appreciated. Chasing the dollar will sometimes cause premature death and so far as that particular individual is concerned, completely wipe out the necessity for the dollar. Carelessness in connection with preventable diseases represents another unnecessary waste in human life. Lack of intelligent information concerning prevention of deaths from preventable diseases, accidents, etc., represents a larger number of deaths than is realized by the average citizen. Thoughtfulness and intelligent action should prevail in this wonderful state in order that the unnecessary loss of life may be reduced.

Every department of the State Board of Health is functioning to the limit of its capacity so far as funds are available. It takes real money to stamp out epidemics and to protect our citizens from preventable diseases. As a people, we are becoming more enlightened each year. New discoveries in science that have become general knowledge, increase our capacity to prevent unnecessary diseases and thus increase the span of life. There is a noticeable decrease over the previous year in the number of deaths from the following causes: typhoid fever, a reduction of 40; scarlet fever, a reduction of 4; diphtheria, a reduction of 24; puerperal deaths, a reduction of 70. This very hurried preliminary review is given at this time as encouragement to those who are so faithfully serving in the line of duty and also to those who are contributing to the maintenance of the departments which serve.

While the object of attack by the forces of the State Board of Health is directly against preventable diseases, nevertheless, the Bureau of Vital Statistics tabulates and records deaths from all causes and maintains available records for those who are fighting directly against other unnecessary causes. 397 deaths were caused in this state from automobile accidents which represents a greater mortality than the combined total from typhoid fever, smallpox, measles, scarlet fever, diphtheria and dysentery. Encouragement is offered, however, in connection with automobile accidents in that there were thirty less deaths from this cause last year than for the previous year.

BUREAU OF VITAL STATISTICS—(Continued)

The first state-wide figures available in this state were for the calendar year 1917. A total of 40 deaths of white persons were caused from automobile accidents during that year. In a little over a decade the toll of human life among our white population increased to a total of 295 for the past year. The annual number of deaths was, therefore, increased more than seven times from automobile accidents. What can we forecast for aeroplanes? Speculation as to the danger or safety of this mode of travel has been indulged in from many sources. Last year, 18 deaths were caused by airships in this state, which is practically double the average yearly mortality for the last five or six years. For the year 1927, there was a total of 11 deaths; the average number of deaths for the previous five years was a fraction less than 6.

Another waste which cannot be controlled or benefited by climate or sunshine is the number of deaths from homicides. A total of 368 persons were killed, 250 of this number having been from fire-arms alone. The total number of deaths from all accidents during the past year was 1,859. We have a beautiful state, a healthy state, a rich state and a state in which good Americans wish to reside. In commenting on our assets, however, it is necessary to take stock, face the problems that are here and reduce all unnecessary waste of human life.

HEART DISEASE

For several years, heart disease has caused more deaths in Florida than any other of the 205 causes mentioned in the international classification. The total number of deaths from this cause is tabulated below for the past five years, by color:

| Year | Total | White | Colored |
|------|-------|-------|---------|
| 1928 | 2481 | 1743 | 738 |
| 1927 | 2290 | 1590 | 700 |
| 1926 | 2351 | 1572 | 679 |
| 1925 | 2240 | 1589 | 651 |
| 1924 | 2111 | 1419 | 692 |

CHRONIC NEPHRITIS

Chronic nephritis ranks next to heart disease in the number of deaths caused during the past year. Deaths in this state for the past five years are listed below, by color:

| Year | Total | White | Colored |
|------|-------|-------|---------|
| 1928 | 1772 | 1132 | 640 |
| 1927 | 1615 | 1016 | 599 |
| 1926 | 1548 | 1016 | 532 |
| 1925 | 1160 | 744 | 416 |
| 1924 | 891 | 566 | 325 |

BUREAU OF VITAL STATISTICS—(Continued)**TUBERCULOSIS—(All Forms)**

This disease ranks third in 1928 although for the calendar year 1927 pneumonia caused more deaths. Great strides have been made in the reduction of deaths from tuberculosis and volumes have been written about it. The number of deaths occurring from this cause for the past five years is listed by color:

| Year | Total | White | Colored |
|------|-------|-------|---------|
| 1928 | 1102 | 481 | 621 |
| 1927 | 1097 | 463 | 634 |
| 1926 | 1187 | 519 | 668 |
| 1925 | 999 | 426 | 573 |
| 1924 | 1054 | 457 | 597 |

PNEUMONIA—(All Forms)

Pneumonia ranks fourth among the most deadly diseases in this state for 1928. Pneumonia deaths for the past five years are listed below by color.

| Year | Total | White | Colored |
|------|-------|-------|---------|
| 1928 | 1085 | 647 | 438 |
| 1927 | 907 | 524 | 383 |
| 1926 | 1189 | 651 | 538 |
| 1925 | 971 | 523 | 448 |
| 1924 | 894 | 511 | 383 |

PUERPERAL STATE

This is a cause involving a tremendous problem in the protecting of the lives of new mothers in our state. A great program of activity is being waged and all of the available funds used in this most important work. A reduction in the number of deaths during the past year to 280 as compared with a total of 352 for the previous year is noted with considerable gratification. The number of deaths occurring from this cause for the past five years is listed below by color:

| Year | Total | White | Colored |
|------|-------|-------|---------|
| 1928 | 280 | 175 | 105 |
| 1927 | 352 | 202 | 150 |
| 1926 | 360 | 216 | 144 |
| 1925 | 330 | 186 | 144 |
| 1924 | 284 | 138 | 146 |

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths by Color and by Counties, 1928

| COUNTIES | DEATHS | | |
|-----------------------|--------|--------|---------|
| | Total | White | Colored |
| 0. State..... | 18,932 | 11,353 | 7,579 |
| 1. Alachua..... | 472 | 212 | 260 |
| 2. Baker..... | 78 | 46 | 32 |
| 3. Bay..... | 137 | 95 | 42 |
| 4. Bradford..... | 111 | 69 | 42 |
| 5. Brevard..... | 155 | 88 | 67 |
| 6. Broward..... | 220 | 121 | 99 |
| 7. Calhoun..... | 58 | 42 | 16 |
| 55. Charlotte..... | 33 | 29 | 4 |
| 8. Citrus..... | 67 | 37 | 30 |
| 9. Clay..... | 105 | 73 | 32 |
| 62. Collier..... | 14 | 10 | 4 |
| 10. Columbia..... | 284 | 164 | 120 |
| 11. Dade..... | 1,405 | 983 | 422 |
| 12. DeSoto..... | 123 | 88 | 35 |
| 56. Dixie..... | 71 | 38 | 33 |
| 13. Duval..... | 2,366 | 1,131 | 1,235 |
| 14. Escambia..... | 703 | 463 | 240 |
| 53. Flagler..... | 28 | 12 | 16 |
| 15. Franklin..... | 69 | 23 | 46 |
| 16. Gadsden*..... | 803 | 365 | 438 |
| 64. Gilchrist..... | 36 | 28 | 8 |
| 57. Glades..... | 19 | 15 | 4 |
| 65. Gulf..... | 41 | 29 | 12 |
| 17. Hamilton..... | 148 | 85 | 63 |
| 58. Hardee..... | 111 | 96 | 15 |
| 63. Hendry..... | 22 | 16 | 6 |
| 18. Hernando..... | 81 | 52 | 29 |
| 59. Highlands..... | 108 | 69 | 39 |
| 19. Hillsboro..... | 1,807 | 1,215 | 592 |
| 20. Holmes..... | 119 | 109 | 10 |
| 66. Indian River..... | 53 | 29 | 24 |
| 21. Jackson..... | 444 | 244 | 200 |

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths by Color and by Counties, 1928, (Continued)

| COUNTIES | DEATHS | | |
|---------------------|--------|-------|---------|
| | Total | White | Colored |
| 22. Jefferson..... | 231 | 57 | 174 |
| 23. Lafayette..... | 45 | 38 | 7 |
| 24. Lake..... | 273 | 170 | 103 |
| 25. Lee..... | 190 | 131 | 59 |
| 26. Leon..... | 234 | 103 | 131 |
| 27. Levy..... | 170 | 86 | 84 |
| 28. Liberty..... | 34 | 18 | 16 |
| 29. Madison..... | 238 | 104 | 134 |
| 30. Manatee..... | 235 | 148 | 87 |
| 31. Marion..... | 392 | 190 | 202 |
| 67. Martin..... | 56 | 36 | 20 |
| 32. Monroe..... | 201 | 150 | 51 |
| 33. Nassau..... | 122 | 47 | 75 |
| 34. Okaloosa..... | 79 | 62 | 17 |
| 54. Okeechobee..... | 51 | 43 | 8 |
| 35. Orange..... | 674 | 461 | 213 |
| 36. Osceola..... | 160 | 119 | 41 |
| 37. Palm Beach..... | 907 | 471 | 436 |
| 38. Pasco..... | 136 | 109 | 27 |
| 39. Pinellas..... | 815 | 640 | 175 |
| 40. Polk..... | 810 | 543 | 267 |
| 41. Putnam..... | 287 | 132 | 155 |
| 42. St. Johns..... | 270 | 158 | 112 |
| 43. St. Lucie..... | 62 | 46 | 16 |
| 44. Santa Rosa..... | 132 | 96 | 36 |
| 60. Sarasota..... | 151 | 101 | 50 |
| 45. Seminole..... | 244 | 106 | 138 |
| 46. Sumter..... | 96 | 55 | 41 |
| 47. Suwannee..... | 228 | 124 | 104 |
| 48. Taylor..... | 129 | 82 | 47 |
| 61. Union..... | 95 | 40 | 55 |
| 49. Volusia..... | 556 | 390 | 166 |
| 50. Wakulla..... | 77 | 38 | 39 |
| 51. Walton..... | 165 | 120 | 45 |
| 52. Washington..... | 96 | 63 | 33 |

Watch Where You Are Going.
Sometimes Health Cannot Be Regained.



Courtesy—"Chicago's Health"

Funds provided for Health Work are an INVESTMENT

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

Vol. 21

MAY - JUNE, 1929

No. 5 - 6

Edited by
STEWART C. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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| Crippled Children..... |
| *550 Local Registrars (County list furnished on request). |
| *Registration Inspector..... |
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| |
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| Tallahassee..... |
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HEADQUARTERS

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NAME

| |
|-----------------------|
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| |
|-------------------|
| Tampa..... |
| Jacksonville..... |
| Miami..... |
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NAME

| |
|-------------------------|
| *V. B. Lamoureux, C. E. |
| Fred A. Safay |
| George B. Reed |
| C. A. Holloway |
| Russell Broughman |
| G. A. Renney |
| C. N. Hobbs |
| D. H. Osburn |
| *Assistant Engineer |

PUBLIC HEALTH NURSES

Address all correspondence care State Board of Health, Jacksonville

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NAME

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| | |
|-------------------|---------------------------|
| Jacksonville..... | Harriet J. Sherman, R. N. |
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| | |
|----------------|--------------------------|
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| Jacksonville..... | Sarah Ida Richards, R. N. |

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B. L. Arms, M. D., State Health Officer

PREVENTION

The practice of preventive medicine on a scientific basis, with but few exceptions is comparatively young but there is practically no one who is not familiar with some phase of the work of preventing disease and some of the agents at our disposal.

Let us consider first the agent given us by Jenner, in the closing years of the 18th century, who overhearing a remark of a milkmaid, made applicable for general use the vaccine that prevents smallpox. Before the introduction of vaccine virus, deaths from smallpox occurred in great numbers and of those that recovered nearly everyone bore scars and there were many rendered blind for life.

In spite of the fact that we have had the means of preventing smallpox for over 130 years there are numerous cases of this disease today and we should not be proud of the fact that the United States almost leads the civilized world in number of cases annually and has been in either first or second place for the past few years.

Rabies is another disease that should not be allowed in any community for we know absolutely how it can be prevented and have known for years but due to the fact that some people have the erroneous idea that to stamp out this disease works a hardship on the dogs it has been a difficult task.

While the great majority of people feels that children are entitled to protection there is a minority that fails to realize that if the children are protected from rabid dogs either by muzzling the dogs or by rendering the dogs immune by vaccination the same measures protect the dogs from contracting the disease.

It is only because we can prevent the development of the disease in nearly all cases after the individual—usually a child—has been bitten that there are not more deaths—one in 1927 and one in 1928—for there were 539 bitten by rabid animals and given the preventive treatment in 1927 and 443 in 1928 and it cost the people of the state over \$28,000.00 for the treatments and physicians' fees for the prevention of this disease among humans and we do not have any record of the number or value of animals destroyed by rabid dogs during these two years.

There is probably no disease about which there are more superstitions than rabies. Possibly the most prevalent one is that it is most common in August and September and rare in February and March but the figures for this state over a period of years show that more cases of rabies occur in February and March than in any of the summer months and that August has the lowest average number and September is next.

Since 1913 it has been possible to confer a lasting immunity to diphtheria and at the same time we learned that the reason the great percentage of deaths from diphtheria was in the younger age

ADMINISTRATION

groups was because a greater percentage of susceptibles was in the group under five years, next in the group under ten, and that above that age the percentage of susceptibles gradually decreased.

For children under school age it is wise to give all the toxin antitoxin as such a small percentage is immune but in the group of school age the Schick test should be given first because larger and larger numbers are found that are immune and a negative Schick showing that the individual has sufficient antitoxin in his body for protection makes the giving of toxin antitoxin unnecessary and after giving the toxin antitoxin the Schick test should be given for there is a small percentage of cases where a single course of toxin antitoxin fails to protect and it is the knowledge that the individual is protected that is desired.

Any parent can obtain the toxin antitoxin for the protection of their preschool children from his physician as it is supplied by the State Board of Health, but the giving of the Schick is group work as the test material is so powerful that it requires great dilution and does not remain potent after dilution; hence a sufficient amount for fifty tests is the smallest size we carry.

Inasmuch as some physicians have feared a possible sensitization from the use of the horse serum in the toxin antitoxin we are now using a product prepared from goats, thereby avoiding any possible sensitization to horse serum in case of the need to give an antitoxin at a later date.

The reduction in the number of cases of typhoid is known to all and it has been by the sanitary disposal of body wastes and by the increased use of typhoid vaccine.

The reduction in the number of cases of hookworm disease has also been accomplished by the sanitary disposal of human excreta.

EXERCISES WILL HELP PAINFUL FEET

Exercises for weak and painful feet are recommended in an article written for Hygeia by Dr. A. M. Rechtman. The following set of exercises performed for five or ten minutes three times a day will be found helpful.

1. Rise on the toes slowly and return to position. This strengthens the calf muscle, which is the chief support of the arch.

2. Roll out on the ankle bones so that weight of the body is supported on the outer borders of the feet and slowly return to position. This attitude over-corrects the arch and stretches the contracted tendons on the outer side of the feet which aid in turning the feet out.

3. Slowly rise on the toes, then roll the ankles out and slowly return to position. This exercise is a combination of the previous two.

4. Walk along a line bearing the weight on the outer side of the feet, one foot before the other.

5. Pick up marbles with the toes.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****INFANTILE PARALYSIS****Poliomyelitis**

Nearly every case of infantile paralysis reported to the Florida State Board of Health has occurred singly, that is, without any known contact with other cases. If two or more cases appear in a city within a short period of time, they are usually remotely separated; rarely is there any kinship or even acquaintance between the families, and milk and other foods are commonly obtained from separate sources.

In the five year period, 1924-1928, inclusive, there were reported in Florida 144 cases. The largest number reported in any single year was 59 in 1925. The greatest incidence has been in the summer months, July, August and September.

All these facts are in keeping with those observed in other states where but rarely the disease appears in anything like epidemic proportions.

In March and April, 1929, there occurred a small outbreak of 11 cases. Ten of the patients were colored and residing within a radius of three-fourths mile from a central point. The white child lived less than one-fourth mile outside this radius.

The onset of the first case was March 3rd. On account of conflicting statements the date of onset for the last colored case is uncertain but was probably on April 14th. The single white patient became ill on April 27th.

Infantile paralysis is caused by a living, filterable virus of unknown morphology which is present in the nose, throat and bowel discharges of patients and carriers. For every known case there are probably six mild cases and carriers that escape detection. The mild cases are those that have fever but no distinct paralysis. There is no practical method of detecting carriers and the disease is not usually suspected until paralysis appears, hence diagnosis by examination of the spinal fluid is not common. Treatment with convalescent serum seems to have value if it is given before there is paralysis but if given later it is useless and may prove harmful.

During the attack unnecessary handling and all manipulation are to be avoided. After-care of the patient is of the utmost importance and should be in the hands of a competent physician if the extent of paralysis is to be reduced to a minimum.

The common drinking cup may be an important factor in the spread of this disease. Unnecessary contact among children may well be avoided and contact with sick children should be prevented at all times.

"A great improvement in health, both public and individual health, can be purchased at a reasonable price."

BUREAU OF COMMUNICABLE DISEASES**RINGWORM OF THE FEET**

This disease has gained nation wide distribution. It attacks the skin, particularly between the toes and on the bottom of the feet just back of the toes. It produces "raw" surfaces and moisture between the toes, blistering and itching. While it does not look like the ringworm often seen on other parts of the body it is called ringworm because it is caused by a microorganism—a mold—similar to that producing the better known type of ringworm. Along with other diseases which attack the skin of the feet it is often called ground itch and toe itch. Other names used by physicians are epidermomycosis, epidermophytosis, trichophytosis.

Like other "germ" diseases, ringworm infection is transmitted with the secretions from the diseased parts and, in the case of ringworm of the feet, it is often contracted at public bathing places and gymnasias where the floors in the locker rooms and showers become contaminated.

To prevent the spread of this disease the following precautions are recommended:

Scrupulous cleanliness of feet, socks, shoes, shower baths, etc.

Exclusion from public baths all who have evidence of the disease.

Every case should be carefully treated under the direction of a physician.

"MAD DOG"

How long will the municipalities of Florida tolerate stray dogs, non-immune dogs, ownerless dogs, unmuzzled dogs, dogs running at large, MAD DOGS?

How long must little children suffer for the sentimentality of misguided individuals who set the faithful dog on a pedestal above the human race?

DIPHTHERIA ANTITOXIN

Not for Carriers

Not for Contacts

The administration of antitoxin to diphtheria carriers with no symptoms is not advised by the State Board of Health. Antitoxin is not furnished for this purpose and its use in these cases is believed to be, not only a needless annoyance to the carrier but a waste of expensive material.

Children exposed to a diphtheria case or carrier should not be given antitoxin as a preventive but watched carefully and seen by a doctor if any symptoms appear. The doctor will then give antitoxin if he thinks the symptoms are those of diphtheria.

BUREAU OF COMMUNICABLE DISEASES

HOOKWORM HAZARD

The campaign thus far has accomplished much. Hookworm disease is not nearly as common or severe as it was twenty years or ten years ago. Hookworm disease is still an important problem and health hazard in the south.

The life history, methods of prevention and suggestions regarding treatment are discussed in a bulletin distributed free by the Bureau of Communicable Diseases, State Board of Health.

The adult hookworm lives in the small intestine and feeds on blood, producing anemia. The eggs which are passed with the stool are hatched in the ground. The young worms, which are microscopical in size, enter through the skin.

Diagnosis of hookworm disease should be confirmed by the laboratory examination of the stool before treatment is given. The examination is made free by the State Board of Health. The treatment should be given under the direction of the family physician who can procure the necessary drug free from the State Board of Health.

Treatment of a hookworm patient will remove a serious handicap but unless prevention is provided the relief is only temporary. Treatment and prevention together offer the greatest benefit to our children. The cost of neither is so great as to excuse any parent from his obligation to his child. A child is worth more and costs more to raise than a razor back hog or a piney woods steer (if you don't believe it, ask mother). For the money invested in their care and protection, you will get greater returns from the children than from any other Florida product. Let's give them the best and rear here a race of super-men.

TO PREVENT CREEPING ERUPTION

See that your cats and dogs are free from hookworm.
Avoid contact with wet soil and dirty puddles.
Bathe thoroughly after such contacts.

RUMOR -vs- FACT

One who gossips about health and communicable diseases, who prefaces his talk with "I have heard" and does not take the trouble to advise himself regarding the truth, is a spreader of misinformation. Great alarm and much harm often result from his tales. There is but one way to counteract him and that is to give the public the facts through recognized news spreading channels.

BUREAU OF DIAGNOSTIC LABORATORIES**Pearl Griffith, B. E., Acting Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF MARCH, 1929**

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|----------------------------|--------------|-------------|------------|-------------|-------------|--------------|
| Animal Parasites | 2006 | 906 | 154 | 168 | 122 | 3356 |
| Diphtheria | 1132 | 205 | 26 | 138 | 13 | 1514 |
| Typhoid | 360 | 97 | 28 | 32 | 41 | 558 |
| Malaria | 342 | 113 | 27 | 12 | 74 | 568 |
| Rabies | 24 | 3 | | 1 | | 28 |
| Tuberculosis | 242 | 77 | 8 | 94 | 27 | 448 |
| Gonorrhoea | 402 | 205 | 38 | 123 | 12 | 780 |
| Kahn Reaction | 3346 | 948 | | 477 | | 4771 |
| Water: Bacterial Exam. ... | | 67 | | 86 | 4 | 157 |
| Water: Chemical Exam. ... | | | | 103 | 4 | 107 |
| Milk: Bacterial Exam. | 59 | 133 | 54 | 264 | 6 | 516 |
| Milk: Chemical Exam. | 59 | 151 | 66 | 205 | 6 | 487 |
| Miscellaneous | 143 | 28 | 87 | 144 | 55 | 457 |
| | <u>8115</u> | <u>2933</u> | <u>488</u> | <u>1847</u> | <u>364</u> | <u>13747</u> |

Specimen Containers Distributed 7828

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|------------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 141 Packages |
| | 5,000 units | 7 Packages |
| Toxin Antitoxin..... | | 9,846 C. C. |
| Schick..... | | 1,500 Tests |
| Tetanus Antitoxin..... | 20,000 units | 6 Packages |
| | 10,000 units | 7 Packages |
| | 1,500 units | 822 Packages |
| Typhoid Vaccine..... | | 5,844 Treatments |
| Vaccine Virus..... | | 3,465 Capillaries |
| Antirabic Virus..... | | 40 Treatments |
| Carbon Tetrachloride..... | | 1,990 Capsules |
| Antimeningococcus Serum..... | | 3 Cylinders |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF APRIL, 1929

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|----------------------------|--------------|-------------|------------|-------------|-------------|--------------|
| Animal Parasites | 1608 | 1449 | 53 | 166 | 64 | 3340 |
| Diphtheria | 519 | 123 | 13 | 52 | 12 | 719 |
| Typhoid | 438 | 165 | 67 | 48 | 68 | 786 |
| Malaria | 427 | 167 | 73 | 15 | 104 | 786 |
| Rabies | 28 | 7 | | 3 | | 38 |
| Tuberculosis | 266 | 74 | 18 | 155 | 18 | 531 |
| Gonorrhoea | 358 | 253 | 22 | 144 | 16 | 793 |
| Kahn Reaction | 3532 | 925 | | 509 | | 4966 |
| Water: Bacterial Exam. ... | | 63 | | 86 | 4 | 153 |
| Water: Chemical Exam. ... | | | | 98 | 4 | 102 |
| Milk: Bacterial Exam. | 47 | 219 | 62 | 274 | 9 | 611 |
| Milk: Chemical Exam. | 48 | 237 | 87 | 102 | 9 | 483 |
| Miscellaneous | 221 | 29 | 14 | 212 | 72 | 548 |
| | <u>7492</u> | <u>3711</u> | <u>409</u> | <u>1864</u> | <u>380</u> | <u>13856</u> |

Specimen Containers Distributed 8750

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|------------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 63 Packages |
| | 5,000 units | 28 Packages |
| Toxin Antitoxin..... | | 8,946 C. C. |
| Schick..... | | 4,700 Tests |
| Tetanus Antitoxin..... | 20,000 units | 13 Packages |
| | 10,000 units | 13 Packages |
| | 1,500 units | 933 Packages |
| Typhoid Vaccine..... | | 5,659 Treatments |
| Vaccine Virus..... | | 4,529 Capillaries |
| Antirabic Virus..... | | 48 Treatments |
| Carbon Tetrachloride..... | | 3,004 Capsules |
| Antimeningococcus Serum..... | | 5 Cylinders |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFANT MORTALITY



Who is to be congratulated for the new state record just set up? Last year all previous records were broken in that the infant mortality rate of 67 was the lowest ever recorded in this state. Tabulations have just been completed for deaths of infants under one year of age per thousand living births recorded for the calendar year 1928 which reveal that even 1927, which broke all records, did not show an infant mortality rate as low.

Last year the infant mortality rate in this state was 67 as compared with 68 for the previous year. While this is a very small reduction, it is, nevertheless, an accomplishment since it represents the lowest infant mortality rate ever recorded for Florida since state-wide records have been available which cover a period from 1917 to 1928, inclusive. The infant mortality rate for the white population also shows a reduction. Last year's rate was 54 as compared with a rate of 56 for the previous year. The rate for the colored population was not quite as low as for the previous year: 96 for last year as compared with 95 for the previous year.

Deaths Under 1 Year and Infant Mortality Rates, By Color,
1917 to 1928, Inclusive

| Year | Total | Rate | White | Rate | Colored | Rate |
|------|-------|------|-------|------|---------|------|
| 1928 | 2,000 | 67 | 1,123 | 54 | 877 | 96 |
| 1927 | 2,303 | 68 | 1,336 | 56 | 967 | 95 |
| 1926 | 2,614 | 75 | 1,545 | 62 | 1,069 | 108 |
| 1925 | 2,179 | 74 | 1,219 | 61 | 960 | 104 |
| 1924 | 2,182 | 82 | 1,259 | 70 | 923 | 107 |
| 1923 | 1,822 | 78 | 1,017 | 65 | 805 | 106 |
| 1922 | 1,691 | 77 | 997 | 65 | 694 | 104 |
| 1921 | 1,770 | 80 | 1,001 | 66 | 769 | 112 |
| 1920 | 1,835 | 94 | 1,031 | 76 | 804 | 134 |
| 1919 | 1,659 | 89 | 927 | 72 | 732 | 126 |
| 1918 | 1,947 | 107 | 1,148 | 91 | 799 | 145 |
| 1917 | 1,897 | 106 | 1,087 | 86 | 810 | 155 |

BUREAU OF VITAL STATISTICS

While it is pleasant to enjoy the realization of certain victories and achievements in the protection of lives of babies in our state, we must not forget that it is a constant fight and our best efforts are challenged if the unnecessary loss of life is to be curtailed.

There is a marked improvement in the infant mortality from several causes. For instance, whooping cough shows a total of 25 deaths as compared with 44 for the previous year; dysentery shows 10 deaths last year as compared with 23 for the previous year; tetanus, 13 deaths last year as compared with 26 for the previous year; diarrhea and enteritis 191 deaths last year as compared with 324 for the previous year. This and other information will be found in the table below showing deaths of infants under one year of age for certain causes by color, 1927 and 1928.

Some pitfalls causing tragedy on the babies' highway in Florida during 1928 may be noted in the following table.

Deaths of Infants Under One Year of Age for Certain Causes,
By Color, 1927-1928.

| CAUSE OF DEATH | DEATHS | | | | | |
|--|--------|-------|------|-------|-------|------|
| | 1928 | | | 1927 | | |
| | Total | White | Col. | Total | White | Col. |
| Typhoid..... | 0 | 0 | 0 | 1 | 0 | 1 |
| Malaria..... | 23 | 12 | 11 | 13 | 5 | 8 |
| Smallpox..... | 0 | 0 | 0 | 1 | 0 | 1 |
| Measles..... | 8 | 5 | 3 | 5 | 3 | 2 |
| Scarlet Fever..... | 0 | 0 | 0 | 0 | 0 | 0 |
| Whooping Cough..... | 25 | 10 | 15 | 44 | 21 | 23 |
| Diphtheria..... | 6 | 3 | 3 | 6 | 4 | 2 |
| Influenza (all forms)..... | 80 | 39 | 41 | 38 | 19 | 19 |
| Dysentery..... | 10 | 4 | 6 | 23 | 9 | 14 |
| Chickenpox..... | 0 | 0 | 0 | 0 | 0 | 0 |
| Tetanus..... | 13 | 1 | 12 | 26 | 7 | 19 |
| Syphilis..... | 52 | 9 | 43 | 43 | 18 | 25 |
| Septicemia..... | 0 | 0 | 0 | 2 | 1 | 1 |
| Rickets..... | 3 | 2 | 1 | 3 | 0 | 3 |
| Meningitis..... | 8 | 5 | 3 | 19 | 17 | 2 |
| Convulsions..... | 22 | 4 | 18 | 23 | 7 | 16 |
| Diarrhea and Enteritis..... | 191 | 92 | 99 | 324 | 184 | 140 |
| Intestinal Obstruction..... | 9 | 8 | 1 | 23 | 14 | 9 |
| Premature Births..... | 565 | 374 | 191 | 608 | 417 | 191 |
| Injury at Birth..... | 104 | 86 | 18 | 117 | 95 | 22 |
| Poisoning by Food..... | 2 | 2 | 0 | 4 | 3 | 1 |
| Burns..... | 10 | 6 | 4 | 5 | 2 | 3 |
| Accidental Mechanical Suffocation..... | 10 | 6 | 4 | 12 | 7 | 5 |
| Accidental Drowning..... | 6 | 4 | 2 | 1 | 0 | 1 |

BUREAU OF VITAL STATISTICS

SIMPLE LIVING KEEPS BLOOD PRESSURE DOWN

High blood pressure is not a disease, in the same sense that pneumonia or rheumatism or measles is spoken of as a disease. It is rather a condition brought about through many years by a series of causes, as are wrinkles or flat feet, Dr. Norman B. Cole explains in an article in the May Hygeia.

A common source of fear, doctors find, is the mistaken notion that all blood pressure is harmful. As a matter of fact, blood pressure is a normal physiologic condition. The blood would not circulate in the arteries and veins if some pressure were not put on it. It is only when the pressure becomes less than normal or greater than normal that any attention need be paid to it.

High blood pressure, or hypertension, as it is technically called, is not a new thing; the public is merely learning more about it. Many factors influence the circulation, such as sleep, muscular exercise, digestion, mental work, the condition of the heart and the emotional state. Fear and anger, anxiety, worry and impulsiveness all tend to send the blood pressure up. Smoking and a hearty meal both raise it. Rest and sleep lower it.

If a person has been born with blood vessels of an inferior quality or if his nervous make-up is such that the swings in his blood pressure are greater than in the normal person, insidious changes take place that gradually lead to serious conditions.

Moderation is the keynote in the prevention of the troubles of high blood pressure—moderation in eating, in smoking, in activities that cause worry or fatigue, even moderation in exercise. Dr. Cole emphasizes regularity in eating, sleeping, bathing and elimination. Rule fear and anxiety out of your life, he advises. A quiet life and a contented mind will do more to keep your pressure at normal levels than all the medicine in the world.

NEW LOCAL REGISTRARS APPOINTED

| Dist. No. | Name | Address |
|-----------|------------------------------|-----------------------------|
| 3-06 | Mrs. W. E. Tew..... | Seminole Hills, Fla. |
| 6-04 | Mrs. L. Gertrude Wilson..... | Hallendale, Fla. |
| 8-02 | Rubye C. Fenton..... | Homosassa, Fla. |
| 11-06 | H. T. Eckles..... | Box 264, Ojus, Fla. |
| 16-03 | Miss Jessie M. Brewer..... | Greensboro, Fla. |
| 20-03 | J. A. Simmons..... | Ponce de Leon, Fla. |
| 21-237 | Mrs. W. W. Brogdon..... | Rt. A, Box 84, Sneads, Fla. |
| 23-057 | Mrs. C. M. Suggs..... | Steinhatchee, Fla. |
| 24-07 | Mrs. O. E. White..... | Sorrento, Fla. |
| 27-097 | J. H. Arline..... | Sumner, Fla. |
| 31-07 | Mrs. E. E. Sheldon..... | Bellevue, Fla. |
| 31-117 | T. L. Randall..... | Conner, Fla. |

BUREAU OF VITAL STATISTICS

| | | |
|--------|-----------------------------|--------------------------------|
| 34-05 | Mrs. J. M. Jordan..... | Rt. 1, Crestview, Fla. |
| 35-06 | Mrs. Ella B. Cleveland..... | Taft, Fla. |
| 36-04 | Mrs. Clarence Jones..... | Holopaw, Fla. |
| 38-05 | Howard C. Reynolds..... | Box 591, New Port Richey, Fla. |
| 40-08 | Mrs. Mary E. Myers..... | Box 245, Brewster, Fla. |
| 42-02 | Mrs. D. S. Hanna..... | Hastings, Fla. |
| 47-067 | Mrs. Verna Goff..... | Rt. E, Box 27, Live Oak, Fla. |
| 47-127 | J. Q. Boatright..... | Pinemount, Fla. |
| 49-04 | John W. Robinson..... | Box 64, Ormond, Fla. |
| 52-097 | Mrs. Eula Yohn..... | Ebro, Fla. |
| 53-047 | Joseph Harding..... | Rt. 1, Box 25, Bunnell, Fla. |
| 64-01 | Hon. M. W. Layfield..... | Trenton, Fla. |
| 67-01 | Ralph Willits..... | Box 699, Stuart, Fla. |
| 67-087 | W. M. Matthews, M. D..... | Indian Town, Fa. |

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912.

OF FLORIDA HEALTH NOTES published monthly at Jacksonville, Florida for April 1, 1929.

State of Florida

ss.

County of Duval

Before me, a Notary Public, in and for the State and county aforesaid, personally appeared Stewart G. Thompson, D. P. H., who, having been duly sworn according to law, deposes and says that he is the editor of the Florida Health Notes and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 21, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse side of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher, State Board of Health, Box 4479, Jacksonville, Fla.

Editor, Stewart G. Thompson, D. P. H., Box 4479, Jacksonville, Fla.

2. That the owner is: (If the publication is owned by an individual his name and address, or if owned by more than one individual the name and address of each, should be given below; if the publication is owned by a corporation the name of the corporation and the names and addresses of the stockholders owning or holding one per cent or more of the total amount of stock should be given.)

Florida State Board of Health, Box 4479, Jacksonville, Fla.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is: (This information is required from daily publications only.)

FLORIDA STATE BOARD OF HEALTH.

By: Stewart G. Thompson,

Director Bureau of Vital Statistics.

Sworn to and subscribed before me this 16th day of April, 1929.

A. Screven Dozier,

Notary Public for the State of Florida at Large.

My Commission expires October 3, 1929.

(Seal)

BUREAU OF VITAL STATISTICS

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living
Births by Color and by Counties—1928

| COUNTIES | Total | | White | | Colored | |
|-----------------------|-------------------|-----------------------------|-------------------|-----------------------------|-------------------|-----------------------------|
| | Deaths Under 1 | Rate Per Yr. 1000 Births | Deaths Under 1 | Rate Per Yr. 1000 Births | Deaths Under 1 | Rate Per Yr. 1000 Births |
| 0. State..... | 2,000 | 67 | 1,123 | 54 | 877 | 96 |
| 1. Alachua..... | 54 | 75 | 30 | 77 | 24 | 72 |
| 2. Baker..... | 11 | 73 | 6 | 61 | 5 | 94 |
| 3. Bay..... | 20 | 69 | 10 | 47 | 10 | 133 |
| 4. Bradford..... | 7 | 41 | 6 | 47 | 1 | 24 |
| 5. Brevard..... | 18 | 78 | 6 | 43 | 12 | 132 |
| 6. Broward..... | 19 | 50 | 8 | 32 | 11 | 81 |
| 7. Calhoun..... | 7 | 36 | 5 | 32 | 2 | 56 |
| 55. Charlotte..... | 4 | 44 | 3 | 43 | 1 | 50 |
| 8. Citrus..... | 7 | 71 | 3 | 48 | 4 | 108 |
| 9. Clay..... | 4 | 37 | 4 | 54 | ... | ... |
| 62. Collier..... | 3 | 150 | 2 | 118 | 1 | 333 |
| 10. Columbia..... | 22 | 63 | 13 | 62 | 9 | 64 |
| 11. Dade..... | 159 | 66 | 88 | 52 | 71 | 102 |
| 12. DeSoto..... | 13 | 63 | 10 | 58 | 3 | 88 |
| 56. Dixie..... | 12 | 140 | 10 | 145 | 2 | 118 |
| 13. Duval..... | 224 | 70 | 108 | 49 | 116 | 115 |
| 14. Escambia..... | 92 | 79 | 64 | 71 | 28 | 110 |
| 53. Flagler..... | 4 | 133 | 2 | 118 | 2 | 154 |
| 15. Franklin..... | 8 | 55 | 3 | 36 | 5 | 81 |
| 16. Gadsden..... | 55 | 80 | 10 | 36 | 45 | 109 |
| 64. Gilchrist..... | 7 | 77 | 7 | 88 | ... | ... |
| 57. Glades..... | 2 | 40 | 2 | 45 | ... | ... |
| 65. Gulf..... | 7 | 101 | 6 | 111 | 1 | 67 |
| 17. Hamilton..... | 16 | 68 | 9 | 63 | 7 | 78 |
| 58. Hardee..... | 13 | 53 | 13 | 60 | ... | ... |
| 63. Hendry..... | 1 | 23 | 1 | 26 | ... | ... |
| 18. Hernando..... | 8 | 75 | 6 | 81 | 2 | 61 |
| 59. Highlands..... | 20 | 93 | 14 | 88 | 6 | 107 |
| 19. Hillsboro..... | 172 | 54 | 116 | 44 | 56 | 100 |
| 20. Holmes..... | 19 | 61 | 16 | 53 | 3 | 300 |
| 66. Indian River..... | 11 | 59 | 6 | 46 | 5 | 91 |
| 21. Jackson..... | 83 | 93 | 51 | 95 | 32 | 91 |

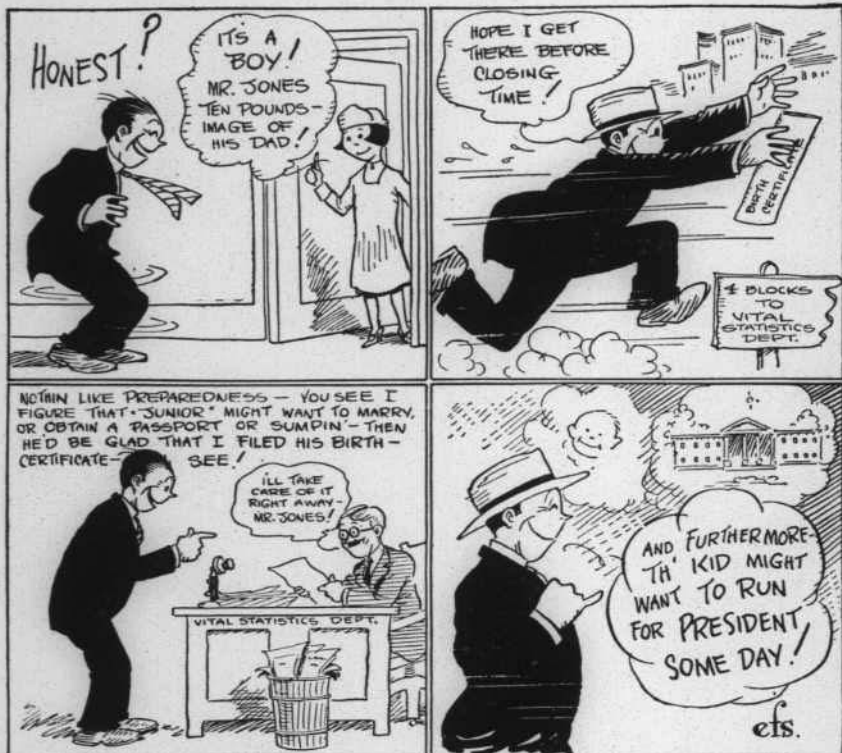
BUREAU OF VITAL STATISTICS

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Counties—1928—(Continued)

| COUNTIES | Total | | White | | Colored | |
|---------------------|-------------------|-----------------------------|-------------------|-----------------------------|-------------------|-----------------------------|
| | Deaths Under 1 | Rate Per Yr. 1000 Births | Deaths Under 1 | Rate Per Yr. 1000 Births | Deaths Under 1 | Rate Per Yr. 1000 Births |
| 22. Jefferson..... | 34 | 85 | 4 | 46 | 30 | 96 |
| 23. Lafayette..... | 2 | 18 | 2 | 20 | ... | ... |
| 24. Lake..... | 24 | 57 | 13 | 46 | 11 | 80 |
| 25. Lee..... | 18 | 52 | 13 | 45 | 5 | 86 |
| 26. Leon..... | 39 | 75 | 12 | 70 | 27 | 78 |
| 27. Levy..... | 16 | 62 | 6 | 40 | 10 | 92 |
| 28. Liberty..... | 5 | 54 | 3 | 51 | 2 | 61 |
| 29. Madison..... | 22 | 55 | 9 | 50 | 13 | 59 |
| 30. Manatee..... | 30 | 67 | 19 | 67 | 11 | 66 |
| 31. Marion..... | 43 | 85 | 19 | 72 | 24 | 99 |
| 67. Martin..... | 5 | 56 | 3 | 50 | 2 | 69 |
| 32. Monroe..... | 18 | 66 | 15 | 69 | 3 | 54 |
| 33. Nassau..... | 16 | 80 | 8 | 72 | 8 | 89 |
| 34. Okaloosa..... | 8 | 38 | 8 | 42 | ... | ... |
| 54. Okeechobee..... | 8 | 151 | 7 | 233 | 1 | 43 |
| 35. Orange..... | 85 | 85 | 48 | 63 | 37 | 158 |
| 36. Osceola..... | 17 | 98 | 10 | 85 | 7 | 125 |
| 37. Palm Beach..... | 64 | 74 | 27 | 45 | 37 | 141 |
| 38. Pasco..... | 10 | 46 | 4 | 23 | 6 | 146 |
| 39. Pinellas..... | 71 | 68 | 38 | 47 | 33 | 140 |
| 40. Polk..... | 98 | 64 | 69 | 58 | 29 | 83 |
| 41. Putnam..... | 26 | 64 | 11 | 50 | 15 | 79 |
| 42. St. Johns..... | 20 | 58 | 10 | 43 | 10 | 89 |
| 43. St. Lucie..... | 7 | 51 | 4 | 44 | 3 | 65 |
| 44. Santa Rosa..... | 19 | 57 | 18 | 63 | 1 | 21 |
| 60. Sarasota..... | 17 | 65 | 8 | 39 | 9 | 161 |
| 45. Seminole..... | 38 | 87 | 12 | 59 | 26 | 113 |
| 46. Sumter..... | 9 | 40 | 5 | 33 | 4 | 54 |
| 47. Suwannee..... | 31 | 77 | 19 | 75 | 12 | 81 |
| 48. Taylor..... | 7 | 43 | 6 | 52 | 1 | 21 |
| 61. Union..... | 6 | 38 | 3 | 27 | 3 | 70 |
| 49. Volusia..... | 40 | 55 | 25 | 48 | 15 | 71 |
| 50. Wakulla..... | 14 | 104 | 8 | 92 | 6 | 128 |
| 51. Walton..... | 22 | 81 | 14 | 64 | 8 | 157 |
| 52. Washington..... | 9 | 32 | 5 | 23 | 4 | 56 |

“Do It Now!” Says Bill.



How to Preserve Children

Take two or more children of the runabout age. If they are bright eyed, rosy-cheeked youngsters, so much the better.

Tuck them into bed early—and leave for twelve hours of quiet, restful sleep. Windows wide open.

In the morning, dress them lightly and set at a table in the brightest, cheeriest corner of the breakfast room.

To each child, add the following: one small cup of orange juice; one steaming dish of delicious nut-brown "whole-wheat" cereal, several slices of crisp whole-wheat toast, one glass of milk.

Remove the children to a grassy lot. Add a kite, some toys and mix thoroughly.

Cover all over with a blue sky and leave in the sun until brown.

Weekly Bulletin, New Mexico Bureau of Public Health

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Vol 21

JULY, 1929

No. 7

Edited by
STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.
Jacksonville

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B. L. ARMS, M. D., STATE HEALTH OFFICER
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THE SUMMER ROUND-UP

Each year a new group of children reaches the age at which they may enter the schools of the state. Are they to begin this important phase of their lives free from all physical handicaps that are possible of correction that they may obtain the greatest possible benefit during these important years?

The summer round-up has done a wonderful amount of good and its influence is growing yearly. The plan is to press the program until every child who is to enter school shall do so in as nearly perfect physical condition as it is possible for him to be.

The parents of all children who are to enter school for the first time next fall are urged to take them to their family physician for a complete physical examination and if remediable defects are found, to have them corrected that the children may not be handicapped in obtaining the best possible foundation for the education that will be of life-long importance to their future welfare.

Many times children are found who need glasses, who have diseased or enlarged tonsils, whose teeth need attention or who have some other defect which the parents have never noted but which may interfere greatly with their development.

While especial emphasis is being paid to those children to enter school for the first time, it is also, of course, advisable to include all the children for it is just as necessary to have them looked over to see that all of the human mechanism is functioning properly as it is to have the family car checked over to see if repairs are needed, for the human body consists of a much more delicate structure than does the car and while it may continue to function long after "repairs" and "readjustments" are needed it does so at the expense of the organ or part involved.

We must also remember that if a new part is needed for the car, it can be procured and it will do the same work as the old part but this is not true of the human body; hence, we should do all we can to protect our children that they may be given every possible assistance to enjoy the best of health in order that they may make the most of their educational opportunities.

Lest the parents overlook their own condition, why not make this a family affair and then we will keep our own human machinery in shape so we can assist our children to obtain those two great blessings of life, health and a good education.

ONE YEAR'S OPERATION OF DRUG STORE INSPECTION

The law passed by the 1927 legislature, at the request of the pharmacists of the state, placing on the State Board of Health the duty of the inspection of drug stores and the enforcement of the rules and regulations of the State Board of Pharmacy, went into effect July 1st, 1928.

ADMINISTRATION

According to the terms of the law, blanks were sent to all known drug stores in June that they might be registered on "the first Monday in July."

At a meeting of the State Board of Health in July, Mr. H. R. Monroe of Tampa was appointed Drug Store Inspector and he has been engaged in that work since August 1st, 1928.

The work at first was chiefly educational as it was felt that more progress could be made by cooperation than by any other mode of carrying out the intent of the law. In a few instances of willful and flagrant violation, court proceedings were instituted and a conviction has been secured in each case that has gone to trial.

It will be readily understood that it is absolutely impossible for one man to cover the state thoroughly but we feel that a good start has been made and that with less time necessary on the educational side of the work much more can be done on the enforcement the coming year.

Application blanks for the year beginning July 1st, 1929 have been sent out and a prompt return of these is anticipated.

While this task was "wished" on us by the druggists of the state, who felt that we had the machinery for the inspection while they did not, it has been found that many drug store owners did not realize this and considered that the fee for registration was imposed by the State Board of Health. This misunderstanding is fast disappearing. We feel that Mr. Monroe's endeavors are being appreciated by the druggists of the state.

NUMBER OF BONES DIFFERS WITH AGE

Did you know that a human being has different numbers of bones at different ages? That the number of bones in girls is different from that in boys? Dr. B. C. H. Harvey tells these interesting things about the bones in his "Simple Lessons in Human Anatomy" in Hygeia.

The number of separate bones in a man 40 years old is 206; the vertebral column has 26, the skull 23, the ribs and breast bone 25, the upper extremities 64, the lower extremities 62, the ears 6. In a boy of 14 years there are 350 separate bony masses; in a baby boy at birth there are 270; the individual bones of the adult are formed by the fusion of parts that were at first distinct from one another. New bones continue to appear until one is 22 years old and they fuse with one another at definite ages. Girls are at first weeks and afterward years ahead of boys in this respect.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****VACATION TIME**

Bonds and precious stones are often deposited in the strongest of tool-proof, steel safety deposit boxes after due thought and care as to the safety of the place of deposit and protection of the contents. Bonds and precious stones are oftentimes representative of months of toil and patient saving—we should guard their existence.

But—

What of our boys and girls attending summer camps? Are they not as precious as bonds and jewels? Do they not represent the love and labor of a life time? Can they be replaced if destroyed?

What of the camps to which we send them? Are we painstaking and searching in our efforts to ascertain if the camp is a place where the health and morals of our children are to be safeguarded? Do they get good wholesome food? Do they run risks of infectious diseases? Do they return benefitted or weakened in mind and body?

There are but a few of the hundred or more questions the writer could ask. And what, you may well ask, is the State Board of Health doing about these camps? We are doing all we can to insure your boy and girl—the future citizens of Florida—a safe, beneficial vacation.

Before June 15th every Boy Scout Camp in Florida will have been rigidly inspected by our field men. They will examine the drinking water, check the swimming place, examine the method of human waste disposal, look to the milk and food used—its handling and quality—and check the matter of flies, mosquitoes, red bugs, etc., in the sleeping quarters. And they will not stop there; repeated inspections will be made during the camping period. Girl Scout camps, Y. M. C. A. camps, church camps, all are checked and inspected as soon as information is obtained from any source as to the site and management of the camp.

YOU can HELP by sending us a word or two about a camp—where it is and the name and address of the camp operator. Tourist camps are known and periodically inspected and permitted. We need your help on vacation camps—summer camps. If the camp is outside of Florida, we can through our good friends in other State Boards of Health often secure an inspection of the camp and a report on it. Florida is one state where camp inspection is a routine matter. Help us guard your children.

LEGISLATIVE ACTION

At this time we can briefly report on the action of the 1929 regular session of the legislature as pertaining to public health engineering activities.

The Martin County Sanitary District which has been carrying on the anti-mosquito work in Martin County has been abolished, by the enacting of a local bill, which passed both houses. With this law, the work will now cease in Martin County. We hope for a re-organization of the work.

BUREAU OF ENGINEERING

Indian River County anti-mosquito work has been such a success that the representatives of that county endorsed a local bill allowing more money for the work, so, now we are informed, Indian River County can use up to a ten mill levy. This presents an interesting picture with St. Lucie County, the pioneer in salt marsh mosquito control, in between Martin and Indian River Counties. All three counties are using the same method of attack, yet the results vary.

The Fee-Florida Anti-Mosquito Association bill allowing any county to organize for warfare on the mosquito was enacted into law. Governor Carlton signed the bill on May 23rd. Copies can be had by writing this office and we will be glad to assist any County in getting organized. One step forward, and we feel it is a big one.

The so-called cannery inspection bill advocated by the Dade County delegation was lost.

Gadsden County now has legislative permission to organize a local health department and to provide for the operation of a full time county health unit. Gadsden County is an excellent general farming county with large tobacco interests. It also has extensive timber and mining industries and the hydroelectric development at Jackson Bluff on the Ochlockonee River is partly within the County. We look forward to the time when Gadsden County will be the model upon which county health work in Florida will be patterned. One of the big public health problems in this County is malaria and it is hoped that the unit will get started in time to at least study this problem this fall.

FOUND: LARVAE OF MANSONIA PERTURBANS

For information write T. E. McNeel, Zellwood, Florida. Such might be the casual announcement of an important scientific discovery for Mr. McNeel of the U. S. Department of Agriculture, Bureau of Entomology, has been working for several months at Zellwood to find, if possible, the larvae of this mosquito and to study its habits. For a number of years no one has observed the larvae of this mosquito and we had no method of control. Now that the larvae have been found we are in a position to study the habits and customs. By so doing we learn its weaknesses and perhaps a method of attack is suggested. Mr. McNeel has done some fine pioneer work. Mr. Russell Broughman of this department has also been working with Mr. McNeel and has aided considerably. The water plant, *Pondeterna cordata*, seems to be closely associated with the *Mansonia* larvae as its roots provide the resting place for the larvae over a long period of time. It is also noticed that the larvae puncture the root and hang on very tenaciously.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

UNDULANT FEVER

The recognition of a well defined case of undulant fever in a white man living in Duval County emphasizes the fact that this disease should be recognized as a health problem in Florida.

Extensive clinical and laboratory studies made in Iowa, New York, Michigan and other states show a close relationship between undulant fever and Malta fever and the bacteria that cause the two diseases resemble one another very closely when seen under the microscope and in their cultural and biologic characteristics. Malta fever, first recognized in the island of Malta, is a disease of goats transmitted to man by contact, by handling the meat or drinking the milk. Un-

dulant fever, is similar from cattle with an to dairymen and contagious abortion. So diseases in man that both as undulant fever and variety abortus. infection and some of pear to have origina-



larly transmitted infection well known erinarians as contagious are the two the writers speak of ver variety melitensis Swine have a similar the human cases apted from this source.

Contagious abortion was recognized in this country as early as 1912 but much of our knowledge of its transmission to man and its manifestations in man has been but recently acquired.

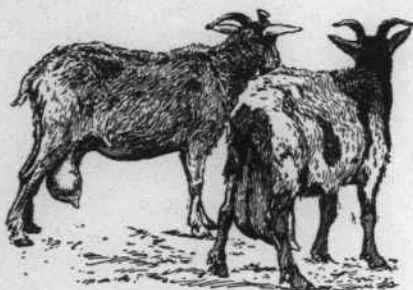
For years there have been in Florida attacks of sickness the nature of which could not be clearly determined by clinical or laboratory studies. Just how many of these were attacks of undulant fever cannot be known but certainly now is the time to make some careful studies to determine the nature of certain obscure attacks and to find just how prevalent the disease is in the state. Our suspicions should be aroused by any sickness that resembles typhoid, malaria, tuberculosis or rheumatism and yet cannot be clearly determined to be either. Undulant fever should be considered as a possibility and a blood specimen taken as for the Wasserman or Kahn test, and sent to the Jacksonville laboratory with a request for the agglutination reaction.

Twenty to eighty per cent of cows that have had contagious abortion discharge organisms of the disease with their milk for life but, fortunately, not all who consume the milk become infected. The organisms survive refrigeration in sweet milk or cream for eight to

BUREAU OF COMMUNICABLE DISEASES

ten days. Pasteurization or boiling will destroy the organisms and render the milk safe to drink. This does not impair the food value of milk in any way and safeguards the consumer from other infections.

Because laboratory workers often contract undulant fever while handling the living bacteria, the U. S. Public Health Service refuses to furnish cultures to other than official public health laboratories and that only recently.



DOG BITE — TREATMENT

Every dog bite should be seen immediately by a physician. If there is any suspicion of rabies he can reduce the danger by cauterizing with fuming nitric acid or with 40% solution of formalin. One of these remedies should be available at any drug store.

VACATION PRECAUTIONS

Get vaccinated.
Take typhoid inoculations.
Drink only water of known purity.
Be on guard for
 Sunburn,
 Poison Ivy,
 Poisonous snakes.

WHY FAMILY DOCTOR IS BEST ADVISOR

Why should a child be examined by the family physician?

The family physician knows the heredity of the child; perhaps he was present at the birth. He knows whether the child is under the intelligent control of the parents; whether faulty food habits are due to poverty or to ignorance; whether the home is sanitary. Therefore he is best able to judge the child's health.

NOTICE

In the **toxin-antitoxin** mixture now furnished by the State Board of Health for producing active immunity to diphtheria, only goat antitoxin is used. This eliminates the slight probability of sensitization to horse serum should it have to be given later.

BUREAU OF DIAGNOSTIC LABORATORIES**Pearl Griffith, B. E., Acting Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF MAY, 1929**

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|---------------------------|--------------|-------------|------------|-------------|-------------|--------------|
| Animal Parasites | 1109 | 780 | 60 | 177 | 42 | 2168 |
| Diphtheria | 753 | 242 | 20 | 61 | 3 | 1079 |
| Typhoid | 449 | 154 | 330 | 71 | 56 | 1060 |
| Malaria | 424 | 182 | 331 | 28 | 141 | 1106 |
| Rabies | 32 | 6 | | 3 | | 41 |
| Tuberculosis | 276 | 77 | 19 | 85 | 13 | 470 |
| Gonorrhea | 415 | 278 | 36 | 137 | 20 | 886 |
| Kahn Reaction | 3401 | 1165 | | 511 | | 5077 |
| Water: Bacterial Exam. | | 59 | | 87 | 4 | 150 |
| Water: Chemical Exam.... | | | | 111 | 4 | 115 |
| Milk: Bacterial Exam. ... | 44 | 144 | 43 | 258 | 7 | 496 |
| Milk: Chemical Exam. ... | 44 | 200 | 44 | 124 | 7 | 419 |
| Miscellaneous | 292 | 73 | 20 | 129 | 56 | 570 |
| | <u>7239</u> | <u>3360</u> | <u>903</u> | <u>1782</u> | <u>353</u> | <u>13637</u> |

Specimen Containers Distributed 7501

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|---------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 65 Packages |
| | 5,000 units | 11 Packages |
| Toxin Antitoxin..... | | 6,426 C. C. |
| Schick..... | | 350 Tests |
| Tetanus Antitoxin..... | 20,000 units | 6 Packages |
| | 10,000 units | 9 Packages |
| | 1,500 units | 650 Packages |
| Typhoid Vaccine..... | | 2,485 Treatments |
| Vaccine Virus..... | | 1,980 Capillaries |
| Antirabic Virus..... | | 56 Treatments |
| Carbon Tetrachloride..... | | 3,438 Capsules |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Mrs. Laurie Jean Reid, R. N., Director****VACATION WORK**

If there is one word that is being broadcast in these days more than any other it is the word "Health". Americans are being awakened to the realization of the importance of the word and not much longer can it be said that more attention is given to animals than human beings.

So, as spring is here, schools are closing and we are facing the long, hot summer days, our attention must be centered on the health of the children. Children are the nation's most precious asset. The tie between the child and adult life is the strongest and gentlest element in human nature. Greater sacrifices are made for children and greater happiness derived from these sacrifices than from any other.

In our labor, usually for material things, or for cultural or spiritual things, the thought is always for the children, with the impulse to cherish and hold their affection and to make them happy and provide for them the advantages we may or may not have had. Always in this working and sacrificing, there is, way back in our minds, a picture of what the children are going to be. We may not be entirely conscious of it, but it is there, and it is never of pale, delicate, crippled children but of strong, healthy, happy, robust children growing into manhood and womanhood, finishing school, and taking their places in the world, following their different professions, probably lawyers, doctors, ministers, teachers, or artists or filling other occupations that have to be filled by capable people. Frequently, however, in our eagerness to obtain the very best of material advantages for the children, we neglect the one essential thing necessary to their happiness and success, and that is health.

To attain perfect health we must start at the very beginning and have a firm foundation on which to build. To do this we must all work together and thereby attain the goal for which we are striving—"Better Children for our Nation and a Better Nation for our Children".

Summer means vacation time for some, but for many it means the planting and gathering of the crops and hard work at home. It is most important that the children who do work hard at this time be cared for from a physical standpoint in order to guard against overstrain and tired-out children at the beginning of the school term, in which event they are unable to keep up with their classes. It is advisable then that we form some plan by which the children may be benefitted, so that when the time arrives for them to enter school they will be in good physical condition, happy, strong, active, alert, and capable of making their grades. This can be done only by looking after any defects they might have and seeing that these defects are corrected before school opens.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

The summer round-up, sponsored by the Parent-Teacher Association, tends to focus our attention on the child who will be entering school at the coming session. This is a splendid movement in that time is saved the school child by the correction of defects during the vacation time. However, in our enthusiasm for this rather new phase of corrective work, we must not forget the babies to whom the heat of summer is not always kind or the school children whose defects may not have been corrected during the school term. With the records of school children which are available, usually through the county superintendent's office, the majority of the school children can be found and in many instances the corrective work can be arranged for, without the necessity for further examination. We must not forget that the babies need especial care during the hot weather. The breast-fed baby has a great measure of protection, but the baby on artificial feeding must be carefully watched if we would carry him through the long period of summer without disaster.

A word of warning here will not be amiss regarding the preparation of picnic lunches for days spent away from home. Many articles of diet that are fresh and good when taken from the ice-box in the morning for use in preparing the lunch are anything but fresh and good after they have been packed and carried without ice for a half-day. If fresh vegetables or fruit are to be used for salad or sandwiches they should be carried whole and prepared just before serving, and the use of powdered milk with a canteen of boiled water for mixing would give the children a safe and nutritious drink. It is always wise to carry a supply of boiled water, either for the road or the picnic party, since one cannot always have accurate knowledge of the condition of the local water supply.

Dates can be set now for holding infant and pre-school conferences, securing a good doctor to conduct the examinations for the children or a good nurse to inspect them. Committees may be formed from members of the Woman's Club, the Parent-Teacher Association, or any other organizations, to take charge of the children. Where the parents are not financially able to defray expenses for the correcting of defects found in their children, some means can be provided whereby they may have assistance. Inoculations for typhoid fever, diphtheria, and smallpox should be given to children during the summer months that they may be protected from any outbreak of these diseases during the school session. Taking care of the minor defects found in infants and pre-school children insures for the school good pupils, for the parent happy children, and for the country, good citizens.

Let us make a new start this summer. Let everyone become interested in his or her **community** and see that the health work is carried on and that we have a nation of happy worthwhile citizens.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Not alone must we give the children health protection but we should provide healthful recreation. This should apply to the adolescent also, to keep their minds occupied so that their thoughts may be turned in the right direction. Let us see that they have good books and fit company so that they may be willing to stay at home rather than seek pleasure from other sources. The adolescent age is the turning point in many a life, when if attention is given, wonderful results are obtained; otherwise, results are often distressing.

An old man with difficulty crossed a chasm. He turned, went back, and started building a bridge across. Someone asked, "Why are you building the bridge? You will never pass this way again." The old man replied, "No, that is true, but I am building for those who are to come after."

Our future as a Nation is laid up in our children and as conditions of birth and health education and training—both moral and physical—advance, then in proportion will the character of the Nation be strengthened.

NEWS NOTES

During the summer, Miss Harriet J. Sherman, R. N., field supervisor for the southern part of the state, will take special work at Columbia University, New York.

Miss Mary Grace Dodd, R. N., and Miss Sarah Ida Richards, R. N., staff nurses, will take the Peabody-Vanderbilt course in special health work at Nashville, Tennessee.

Miss Helen I. Sutton, R. N., county school nurse of Ocala, will take summer work at Penn State University.

Mrs. Laurie Jean Reid, Director of the Bureau of Child Hygiene and Public Health Nursing, will attend the International Council of Nurses at Montreal. The International Council of Nurses meets every three years only. This year's meeting was to have been in China but because of the disturbed conditions in China, it was decided to hold the meeting in Canada. The membership of the International Council of Nurses is made up of the graduate nurses from recognized training schools from every country in the civilized world, and the program includes subjects covered by representatives from twenty countries. The address of welcome will be made by the Governor-General of Canada, and on the first big evening program, a representative of the Rockefeller Foundation will be one of the speakers, his subject being "The World's Health". It is to be hoped that nurses and others interested in nursing work, whether training school, private duty, institutional work, or public health, will make it a part of their summer program. All are so busy with their own particular jobs that it is very easy to become narrow and stilted in the work. Contacts such as this meeting will make possible should be broadening and invaluable to all health workers.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****ANTECEDENT BIRTHS**

Births which have occurred in Florida may now be registered lawfully even though the date of birth was prior to the enactment of the Model Vital Statistics Law in 1915, provided the date and fact of birth is supported by sufficient evidence as required by the State Registrar.

Senate Bill 316 was passed by both houses and signed by the governor. The need of this new law has been felt very keenly by a host of Florida citizens and until the present time, no lawful procedure was provided to record a birth occurring many years ago; even though the individual might have been born in Florida. The legal evidence of American citizenship as provided by a birth certificate has become of vital importance in this country. It will be welcome news to many individuals born in Florida, whose births are not a matter of record in the archives of the state, to know that it is now possible to have the fact and date lawfully and officially recorded.

Application blanks have been printed so that those desiring to file such a birth certificate may secure the application form when desired. Since authentic and uniform evidence is required to satisfy the officials that the birth actually occurred within the boundaries of this state, it will be necessary to file all applications with the State Board of Health at Jacksonville.

An Act enlarging the powers of the Bureau of Vital Statistics, providing for the registration with said Bureau of births or deaths occurring prior to the Act creating the Bureau and the filing of certificates of births or deaths that were not filed at the time of birth or death as provided in said Act.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

SECTION 1. A birth or a death certificate may be filed for a birth or a death occurring in Florida prior to or after passage of this Act, provided said birth or death has not been registered with the Central Bureau of Vital Statistics.

SECTION 2. If at any time after the birth or death of any person within the state, a copy of the official record of said birth or death be necessary and, after search by the State Registrar or his representative, it should appear that no such certificate of birth or death was made and filed, the physician, midwife or undertaker responsible for the report, or father, mother, older brother or sister, or other person knowing the facts, may file with the Central Bureau of Vital Statistics, such certificate of birth or death, together with such sworn statements and affidavits as the State Registrar may require.

SECTION 3. The State Registrar may require such affidavits to be presented and such proof to be filed as he may deem advisable or necessary to establish the truth of the facts endeavored to be made of record by the certificate and may withhold filing of the birth or death certificate involved until his requirements are complied with. Certificates filed and accepted under this Act shall be admissible in evidence as prima facie evidence of the facts recited therein with like force and effect as other Vital Statistic records are received or admitted in evidence. The State Registrar may make and enforce appropriate rules and regulations to carry out this act and to prevent fraud and deception being committed under same.

SECTION 4. That all laws or parts of laws in conflict with the provisions of this Act, be and the same are hereby repealed.

BUREAU OF VITAL STATISTICS

Total Births, (exclusive of Stillbirths) by Color and by Counties, 1928

| COUNTIES | BIRTHS | | |
|-----------------------|--------|--------|---------|
| | Total | White | Colored |
| 0. State..... | 29,776 | 20,656 | 9,120 |
| 1. Alachua..... | 720 | 388 | 332 |
| 2. Baker..... | 151 | 98 | 53 |
| 3. Bay..... | 289 | 214 | 75 |
| 4. Bradford..... | 170 | 129 | 41 |
| 5. Brevard..... | 230 | 139 | 91 |
| 6. Broward..... | 383 | 248 | 135 |
| 7. Calhoun..... | 193 | 157 | 36 |
| 55. Charlotte..... | 90 | 70 | 20 |
| 8. Citrus..... | 99 | 62 | 37 |
| 9. Clay..... | 107 | 74 | 33 |
| 62. Collier..... | 20 | 17 | 3 |
| 10. Columbia..... | 349 | 209 | 140 |
| 11. Dade..... | 2,398 | 1,699 | 699 |
| 12. DeSoto..... | 206 | 172 | 34 |
| 56. Dixie..... | 86 | 69 | 17 |
| 13. Duval..... | 3,194 | 2,183 | 1,011 |
| 14. Escambia..... | 1,163 | 908 | 255 |
| 53. Flagler..... | 30 | 17 | 13 |
| 15. Franklin..... | 146 | 84 | 62 |
| 16. Gadsden*..... | 690 | 279 | 411 |
| 64. Gilchrist..... | 91 | 80 | 11 |
| 57. Glades..... | 50 | 44 | 6 |
| 65. Gulf..... | 69 | 54 | 15 |
| 17. Hamilton..... | 234 | 144 | 90 |
| 58. Hardee..... | 243 | 217 | 26 |
| 63. Hendry..... | 44 | 39 | 5 |
| 18. Hernando..... | 107 | 74 | 33 |
| 59. Highlands..... | 215 | 159 | 56 |
| 19. Hillsboro..... | 3,167 | 2,608 | 559 |
| 20. Holmes..... | 312 | 302 | 10 |
| 66. Indian River..... | 186 | 131 | 55 |
| 21. Jackson..... | 888 | 538 | 350 |
| 22. Jefferson..... | 399 | 87 | 312 |
| 23. Lafayette..... | 113 | 100 | 13 |
| 24. Lake..... | 418 | 280 | 138 |

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS

Total Births, (exclusive of Stillbirths) by Color and by Counties, 1928
(Continued)

| COUNTIES | BIRTHS | | |
|---------------------|--------|-------|---------|
| | Total | White | Colored |
| 25. Lee..... | 349 | 291 | 58 |
| 26. Leon..... | 518 | 172 | 346 |
| 27. Levy..... | 259 | 150 | 109 |
| 28. Liberty..... | 92 | 59 | 33 |
| 29. Madison..... | 398 | 179 | 219 |
| 30. Manatee..... | 451 | 285 | 166 |
| 31. Marion..... | 507 | 264 | 243 |
| 67. Martin..... | 89 | 60 | 29 |
| 32. Monroe..... | 274 | 218 | 56 |
| 33. Nassau..... | 201 | 111 | 90 |
| 34. Okaloosa..... | 211 | 192 | 19 |
| 54. Okeechobee..... | 53 | 30 | 23 |
| 35. Orange..... | 999 | 765 | 234 |
| 36. Osceola..... | 174 | 118 | 56 |
| 37. Palm Beach..... | 865 | 602 | 263 |
| 38. Pasco..... | 218 | 177 | 41 |
| 39. Pinellas..... | 1,044 | 808 | 236 |
| 40. Polk..... | 1,539 | 1,191 | 348 |
| 41. Putnam..... | 408 | 219 | 189 |
| 42. St. Johns..... | 346 | 234 | 112 |
| 43. St. Lucie..... | 136 | 90 | 46 |
| 44. Santa Rosa..... | 332 | 284 | 48 |
| 60. Sarasota..... | 262 | 206 | 56 |
| 45. Seminole..... | 435 | 205 | 230 |
| 46. Sumter..... | 225 | 151 | 74 |
| 47. Suwannee..... | 403 | 255 | 148 |
| 48. Taylor..... | 163 | 116 | 47 |
| 61. Union..... | 156 | 113 | 43 |
| 49. Volusia..... | 730 | 519 | 211 |
| 50. Wakulla..... | 134 | 87 | 47 |
| 51. Walton..... | 270 | 219 | 51 |
| 52. Washington..... | 285 | 213 | 72 |

"We stop playing, not because we grow old; we grow old because we stop playing."

—Herbert Spencer.



Out of School — Out of Doors

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FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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Vol. 21

AUGUST, 1929

No. 8

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

PREPAREDNESS — FILBY

ACCOMPLISHMENTS — REID

DOLLARS AND SENSE — BRINK

MARRIAGES TO DATE — THOMPSON

MILLAGE FOR STATE BOARD OF HEALTH — ARMS

B. L. ARMS, M. D., STATE HEALTH OFFICER

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| *Vital Statistics | Stewart G. Thompson, D. P. H. |
| Communicable Diseases | F. A. Brink, M. D. |
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| *550 Local Registrars (County list furnished on request). | |
| *Registration Inspector | Anna C. Emmons |
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| Tallahassee | C. N. Hobbs |
| Tampa | D. H. Osburn |
| | *Assistant Engineer |

PUBLIC HEALTH NURSES

Address all correspondence care State Board of Health, Jacksonville

HEADQUARTERS

NAME

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| Pensacola | Nanna Colby, R. N. |
| Jacksonville | R. N. |
| Jacksonville | Mary G. Dodd, R. N. |
| Jacksonville | Sarah Ida Richards, R. N. |

ADMINISTRATION**B. L. Arms, M. D., State Health Officer****MILLAGE FOR THE STATE BOARD OF HEALTH**

The announcement by Governor Carlton on July 10th, of the millage for the operation of the State Board of Health for the fiscal year ending June 30, 1930, is very gratifying. This opportunity is taken to express our appreciation to Governor Carlton and the members of the Legislature for their interest, so practically shown, in the work of safeguarding the health of the people. The millage insures to the citizens of the State that the present activities of the State Board of Health will certainly not be curtailed and we trust that even more may be accomplished during the coming year.

During the past year, immunization programs were particularly stressed by the Medical Officers, sanitation and mosquito control by the Engineering division, and care of infants, preschool and rural school children by the Nursing division, while the Laboratories made the diagnostic tests from all divisions and those sent by physicians from all over the state.

The Bureau of Vital Statistics in addition to the birth and death records also handled the records of marriages and divorces and the registration of those practicing the healing arts.

We are indeed pleased that there will be no reduction in the service offered.

—:—

THE FRUIT FLY

Inasmuch as many questions as to the role of the fruit fly as a disease carrier have been received, it might be well to call attention to the fact that, so far as known, this fly has never carried disease to a single human being in any country where it has appeared.

—:—

CHAPTER 13757 — NO. 193

AN ACT to Amend Section 2218 of the Revised General Statutes, Being Section 3529 of the Compiled General Laws of Florida, 1927, Relating to the Practice of Pharmacy, and Prohibiting the Use of Certain Signs in Connection therewith.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

SECTION 1. That Section 2218 of Revised General Statutes of Florida, the same being Section 3529 of the Compiled General Laws of Florida, 1927, be and the same is amended to read as follows:

"Section 2218 (3529). It shall be unlawful for anyone, except a registered pharmacist under this Chapter who shall conform to the rules and regulations of the said Board of Pharmacy, to take, use or exhibit the title "pharmacist," "druggist," "pharmacy," "drug store," or any other title, sign, display or declaration, that would tend to lead the public to believe that such person was engaged in the business

ADMINISTRATION

of selling, compounding or dispensing any medicinal drugs, medicinal chemicals, pharmaceutical preparation and/or biologicals, or to have charge of, engage in or carry on, for himself or for another, the dispensing, compounding or sale of any medicinal drugs, medicinal chemicals, pharmaceutical preparations and/or biologicals anywhere within the State, and no registered pharmacist shall have personal supervision of more than one pharmacy or drug store at the same time; and, except as prescribed by the provisions of this Chapter, it shall not be lawful for any person to practice as a registered pharmacist, or advertise or represent himself by any title, sign, display, and/or declaration or otherwise to be such, or to engage in, conduct, carry on, or be employed in the dispensing, compounding, or retailing of any medicinal drugs, medicinal chemicals, pharmaceutical preparations and/or biologicals within this State; provided, that this Section shall not be construed as precluding any person from owning a drug store or pharmacy if all the dispensing, compounding and/or retailing of medicinal drugs, medicinal chemicals, pharmaceutical preparations and/or biologicals in the same shall be constantly under the immediate supervision and direction of a registered pharmacist."

SECTION 2. All laws or parts of laws in conflict with this Act are hereby repealed.

SECTION 3. This law shall take effect on its passage and approval by the Governor, or by its becoming a law without his approval.

Approved June 8, 1929.

—:—

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

PREPAREDNESS

Engineers are prone to figure the minimum amount of steel in a structure or the correct size of pipe and then add a factor of safety or an allowance for the unusual. So it is that utilities managed by engineers are ever on the alert for dangers and are preparing in advance for them. And they know that the adage of "an ounce of prevention is worth a pound of cure" is an absolute truth.

At West Palm Beach the engineers of the West Palm Beach Water Company, observing the havoc and confusion resulting from the 1926 hurricane, resolved to follow the Boy Scout motto and "be prepared" should such a calamity hit West Palm Beach. They made minute records of their system, its pipes, valves and operating procedure. They knew certain weak spots that must be braced in times of stress. Accumulation of records and data takes time; changes occur which must be noted on the records; men change—new ones must be broken in and become acquainted with the problem. 1927 went by with scarcely a high wind but in September 1928 the zero hour approached.

Watching official weather reports, the West Palm Beach Water Company began to spot the path of the approaching storm from the meagre data available. As more points were placed on the map, the

BUREAU OF ENGINEERING

direction of the storm assumed a straight line, headed for West Palm Beach.

Quoting J. R. Tanner, Assistant Superintendent, West Palm Beach Water Co:

"Then we started on Saturday morning to prepare for the full force of the storm. This preparation consisted of all manner of possible protection to buildings, outside lighting fixtures, equipment and shrubbery.

"The floor of the new electric pumping station is at elevation twenty and there is a double door in the west wall just over the intake channel from the lake. With rising water in the lake and heavy wind from the west, it would be necessary to barricade this door with sandbags to prevent waves from entering the station and rendering the electric equipment useless. The switch room is several feet below this floor and even a small amount of water in this room would probably cause sufficient damage to put the entire plant out of commission for several days. There is a sump pit in which two automatic electric pumps control the level of all waste water around the plant. With these pumps operating the danger of any damage from high water is small, but if the power lines from the Florida Power and Light Company's sub-station should fail, the plant would be at the mercy of the rising water. To obviate this difficulty, a gasoline driven double diaphragm pump was brought into the plant and installed near the sump with a discharge hose running through a window to the outside. A large supply of lumber, ropes, tarpaulins, wire, extra tools and buckets also was taken into the pumping station to provide material for bracing windows, wrapping motors and what not. When everything which might prove useful was assembled inside, the double door was boarded up on the outside and banked with a breastwork of sandbags.

"All globes and bulbs were removed from the light standards around the filters and basins, and canvass was tied over the sockets. Several large doors were removed from the garage, and weak places repaired so that they could be firmly fastened to protect the motor equipment and machinery stored inside. After all known precautions had been taken to protect machinery and buildings, our attention turned to the rather extensive planting around the yard. Lengths of two inch pipe were driven into the ground near the plants and each one completely wrapped and tied with burlap.

"All help had been instructed to report for work Sunday morning at the usual time or sooner if the storm became intense.

"On Monday morning the full force left the wreckage of their various homes and reported for duty. Due to the rather costly lesson learned at the time of the 1926 hurricane, the company has prepared rather comprehensive maps of the distribution

BUREAU OF ENGINEERING

system and a fairly complete valve record so that an emergency of this nature is no longer attended by the usual lost motion caused by groping in the dark to locate the proper valves to cut out certain sections of the system. Extra men were employed and the regular men placed in charge of gangs to locate and cut out leaks."

The storm hit—then came the lull—the second blow and then the ordered activity of the employees of the company to get service restored, to get the people their usual excellent water, at first in small quantities, then in full measure. Everyone worked with a will and tangible results were soon attained and in an unbelievably short time full service was literally on tap! Little does the general public realize the efforts put forth by the employees to restore service and with it the confidence of the public, for the public is fearful of water-borne disease after such occurrences—a fear not well grounded in most instances.

We, in the State Board of Health, knew that the water supply of the Palm Beaches would be back into service in its usual excellent degree of purity within the shortest possible time. Such assurance was given American Red Cross officials upon their arrival from Washington. We knew and we were correct. The value of preparedness was demonstrated.

Our telephone friends had crews moving into the storm area before it was the storm area; our electric companies were mobilizing forces and materials before the storm struck Florida; we in the State Board of Health were ready, awaiting the information as to where our small forces would be most effective.

Preparedness is often tedious and contrary to our American idea, that we can meet problems as they arise, but why should we take chances on our health and perhaps our life? Follow our younger generation, the Boy Scouts, and "Be Prepared."

If storm or disaster strikes you—ARE YOU PREPARED?

—:—

A FIELD HAPPENSTANCE

It was only a tow line but—

Driving along the fill from Caryville where he was on disaster relief work, Major C. N. Hobbs, District Sanitary Officer of this Bureau, saw a car back across the fill and slide down a bank into the water-filled swamp alongside. He speeded up, stopped, opened up the rear, grabbed out his tow line, slid down the bank and threw it to the struggling family near the submerged car. Six in all were pulled to safety by the tow line and then the frantic father discovered that three children were still rimmed in the car in the water. James Vickers had driven his family of nine down to see the destruction of the raging waters of the Choctawhatchee River. The wet bank caved as the car attempted to turn around on the fill. Three lives lost, six saved. Prepared for trouble in traveling over washed out roads or swamp areas, Major Hobbs' tow line verily became a life line.

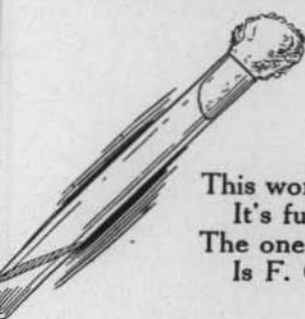
BUREAU OF COMMUNICABLE DISEASES

TO MY FRIEND AND TEACHER

By F. A. Brink, M. D.



For vibrio and spirochete we often looked in vain,
For staph' and strep' and acid fast we sought with might and main.
From broth to agar, tube to plate and back to broth again,
We juggled germs at your behest until we got 'em tame.



This world is full of germs and bugs, the enemies of man.
It's full of men and women too, of sundry race and clan.
The one we cherish most today, the best since time began,
Is F. G. Novy, sixty-five, Ann Arbor, Michigan.

In nineteen hundred two we went to you, for knowledge delving,
The things we learned have helped us through our daily toil and
striving.
Our gratitude and greetings warm we do rejoice in giving,
We wish for you extended years of happy, useful living.



BUREAU OF COMMUNICABLE DISEASES**DOLLARS AND SENSE**

The question of whether the cost of medical and hospital service is unjustifiably high has been much discussed of late and is not yet settled. A national committee is endeavoring to determine what it costs to get well, what items go to make up the cost, and what can be done to bring it within the means of the average family.

There is much unavoidable sickness and adequate care of the sick is important, but what of all the sickness that could be prevented at reasonable cost? The average family should give this problem serious consideration. Good common sense should teach us to utilize every recognized means of protection from communicable diseases.

Just the other day the writer went, with the family doctor, to see a boy suspected of having malaria. In the unscreened, rough board house, we found him. His color proclaimed the anemia of malaria and the cyanosis of a chill from which he had just died. He had grown almost to manhood and was the chief support of the family. The cost of rearing the lad may have been a thousand or five thousand dollars. He was just beginning to pay dividends on the investment. As yet, his widowed mother and younger sisters scarcely realized their loss. His life and the health of the family could have been preserved at relatively small cost for screens or perhaps a little quinine. Not much sense in letting him die.

Almost any doctor can tell you about seeing people suffer and die needlessly from typhoid, diphtheria, or smallpox, all readily preventable by vaccinating. What a tragedy to lose the breadwinner from typhoid or the sweet child from diphtheria when just a little attention and perhaps the expenditure of a few dollars would have saved them.

We should not count the cost of care for our loved ones when they are ill and life is in the balance; much less should we count the cost of proper housing, sanitation, correction of defects, preventive inoculation, or any measure that will PREVENT DISEASE.

Procrastination is the thief of health. The postponement and neglect of health measures costs more dollars than any insect pest. The cost of preventable sickness and diminished earning power constitute a serious economic factor in the affairs of family, state, and nation.

—:—

NOTICE

In the **toxin-antitoxin** mixture now furnished by the State Board of Health for producing active immunity to diphtheria, only goat antitoxin is used. This eliminates the slight probability of sensitization to horse serum should it have to be given later.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH
OF JUNE, 1929

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|-----------------------------|--------------|------------|-----------|------------|-------------|-------------|
| Animal Parasites | 678 | 294 | 22 | 160 | 59 | 1213 |
| Diphtheria | 156 | 74 | 6 | 54 | 2 | 292 |
| Typhoid | 520 | 159 | 209 | 30 | 45 | 963 |
| Malaria | 736 | 188 | 201 | 14 | 118 | 1257 |
| Rabies | 35 | 1 | | | | 36 |
| Tuberculosis | 172 | 76 | 17 | 58 | 9 | 332 |
| Gonorrhea | 370 | 217 | 35 | 121 | 19 | 762 |
| Kahn Reaction | 3200 | 866 | | 407 | | 4473 |
| Water: Bacterial Exam. | | 41 | | 83 | 3 | 127 |
| Water: Chemical Exam. | | | | 112 | 3 | 115 |
| Milk: Bacterial Exam. | 48 | 148 | 41 | 297 | 2 | 536 |
| Milk: Chemical Exam. | 58 | 168 | 41 | 139 | 2 | 408 |
| Miscellaneous | 227 | 47 | 10 | 64 | 4 | 352 |
| | <hr/> 6200 | <hr/> 2279 | <hr/> 582 | <hr/> 1539 | <hr/> 266 | <hr/> 10866 |

SPECIMEN CONTAINERS DISTRIBUTED 7388

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|-------------------------------|--------------|------------------|
| Diphtheria Antitoxin | 10,000 units | 103 Packages |
| | 5,000 units | 32 Packages |
| Toxin Antitoxin | | 2662 C. C. |
| Schick | | 100 Tests |
| Tetanus Antitoxin | 20,000 units | 12 Packages |
| | 10,000 units | 12 Packages |
| | 1,500 units | 1123 Packages |
| Typhoid Vaccine | | 3074 Treatments |
| Vaccine Virus | | 1841 Capillaries |
| Antirabic Virus | | 39 Treatments |
| Antimeningococcus Serum | | 13 Cylinders |
| Carbon Tetrachloride | | 1031 Capsules |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU CHILD HYGIENE AND PUBLIC HEALTH NURSING**Laurie Jean Reid, R. N., Director****WHAT WE HAVE ACCOMPLISHED**

The end of the federal fiscal year has come and the Sheppard-Towner appropriation which we have had for the past seven years has been automatically discontinued. Before planning a new program, we will look back over our seven years' work and see what we have accomplished and wherein we may profit by our past experiences.

The Bureau of Child Hygiene and Public Health Nursing functioned with the following professional personnel: a director, two field supervisors, and ten staff nurses, six of whom did Sheppard-Towner work and four the school program. We have covered the state with a program of maternal and infant hygiene, the inspection and home follow-up of the one and two-teacher country schools in counties where this work was not covered by locally employed public health nurses, and maintained in the Bureau office a service for organizations, communities, and counties desiring the services of properly qualified public health nurses, and for properly qualified nurses desiring public health positions.

Arranging a program of work to cover a territory like the state of Florida is not an easy task and great care must be exercised in the planning to eliminate the non-essentials and to make the program as effective as possible. A queer situation is here presented. Through the past seven years, we have been educating people to ask us for certain things in order that we might teach and assist them in the protection of the life and health of their mothers and children, educating communities and counties to the point where a health conscience has been developed and now we find ourselves unable to give to the communities as large a service as they demand of us, for lack of field personnel.

The number of midwives has been reduced from 4,000 to 1,284. When we remember that seven years ago, we located over four thousand women who were doing midwife work with almost daily tragedies due to their ignorance and the methods employed, it seems almost too good to be true that now we have so few and the number of tragedies due to the work of the midwives very materially lessened. Our infant death rate has been cut, as per the report from the Bureau of Vital Statistics given in the May-June number of Health Notes. The work with the midwives must be continued if results are to remain satisfactory, since no other provision is made for their supervision.

Much credit is due the field nurses for their detail work. Without it results could not have been obtained. Every effort is made to get the prospective mother to a physician for an examination early in her pregnancy, and this many times results in the delivery and post-natal care by the physician. Where a woman because of instruction given her, goes through the period of pregnancy and a safe de-

BUREAU CHILD HYGIENE AND PUBLIC HEALTH NURSING

livery and finds herself and her baby both well and strong, the lesson learned is not soon forgotten; and where following a proper diet and average good care, children show an increase in health, the results obtained help to educate the parents. Where the incidence of communicable diseases is lessened because of acquired immunity, we have happier communities and the lesson is driven home that the health of the community is purchasable.

Realizing the necessity for a well-trained personnel for this pioneer work, in the beginning a standard was set for public health nurses in the Bureau of Child Hygiene and Public Health Nursing of the State Board of Health. Now, when we are asked to put an organization, school board, or county in communication with a nurse whom they wish to employ, we are asked for the nurse with standard training and experience and nothing short of it will satisfy.

So much for our program to date. We have learned much from our experiences during the past seven years. Most valuable we consider are the contacts made and the intimate knowledge acquired regarding the people whom we would serve. There is a vast difference between urban and rural communities and our knowledge gained by intimate contact with rural homes has made it possible for us to intelligently change our program to meet conditions. In the light of this knowledge, and our trials and triumphs, we have planned our new program.

The Sheppard-Towner appropriation has been discontinued, but the state will carry on the work which was covered by that fund, with a change which we think is an improvement. We have redistricted the state and the work will be generalized with each nurse carrying the complete program for her district. We had hoped for more nurses instead of one less, but we "have cut our garment according to the cloth" and will give the best service possible with our personnel.

The movie truck with its library of health films will as in the past continue to go as requested from county to county, carrying its message of visual health education.

Not only have we grown during the years covered by this program, but we see a growing health consciousness in the people who have so generously assisted us with our work. The Florida Federation of Women's Clubs has been ever willing and ready to render assistance, as individuals, single clubs, county federations, and the state organization. Our accomplishment would not have reached its present mark had it not been for the generous and continued support of this body of women. To the doctors who have so generously given of their time, we send a fervent "thank you," and to the too numerous to mention organizations and individuals who have by their sympathetic understanding helped the work along, we would say that in spite of disasters and financial set-backs, with their continued assistance the work of this Bureau will continue. Health is purchasable and to the mothers and children of Florida we will do our utmost to make it obtainable.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****MARRIAGES TO DATE**

In 1867, twenty-two counties of the thirty-nine then comprising the State of Florida reported the number of marriages performed to the Bureau of the Census. Jackson County reported 242, Leon County 222, Duval County 170, Jefferson County 126, Alachua County 125, Marion County 114 and Madison County 106. The balance of the counties making reports indicated less than one hundred marriages performed during the year 1867.

In 1877, thirty-one of the thirty-nine counties reported the number of marriages performed. Duval County reported 253, Leon County 206, Madison County 154, Jefferson County 148, Alachua County 132, Escambia County 130, Jackson County 127, Marion County 120 and Monroe County 117. The balance of the counties reporting indicated less than one hundred marriages performed for that year.

In 1887, forty counties reported the number of marriages performed out of a total of forty-six counties. Duval County reported 403, Alachua County 218, Monroe County 215, Marion County 211, Levy County 201 and the balance of the forty-three counties reported less than two hundred.

In 1897, forty-two of the forty-six counties reported the number of marriages performed. Hillsboro County reported 450, Duval County 435, Alachua County 308, Jackson County 305 and the balance of the counties reporting indicated less than three hundred marriages performed for that year.

In 1906, forty-four of the forty-six counties reported marriages performed, (no record of 1907). Hillsboro reported 999, Duval 925, Escambia 592, Alachua 465, Jackson 407, Marion 402; while the balance of the counties reporting indicated less than three hundred.

In 1916, forty-four of the fifty-two counties reported the number of marriages performed. Duval County reported 1682, Hillsboro 1159, Dade 505, Polk 451, Jackson 443, Alachua 434, Marion 344 and DeSoto 342. The balance of the counties reporting indicated less than three hundred.

The total number of marriages performed for the entire state could not be ascertained for the years above specified. The information was secured by the officials in Washington direct from each county and in a number of cases, reports could not be secured from certain counties thus breaking the continuity of the state total. There

BUREAU OF VITAL STATISTICS

appears to be a gap in the records from 1915 to 1921, inclusive. Beginning with 1922, however, to the end of 1926, the counties apparently cooperated with the officials in Washington to a sufficient degree to make the state totals by years complete enough to publish. 1922 total 14,978; 1923 total 17,335; 1924 total 18,589; 1925 total 25,169; and 1926 total 28,446.

You will note that in 1926 a total of 28,446 marriages were performed in the state representing the peak in the reported number of marriages performed. Through the courtesy of Honorable W. M. Steuart, Director of the Department of Commerce, Bureau of the Census at Washington, D. C., mimeograph, photostat and typewritten records have been submitted to the Bureau here in Jacksonville reproducing the tabulations compiled there through the individual counties. The records include marriages and divorces by years, 1867 to 1886, 1887 to 1906, 1916, and 1922 to 1926, and by counties for the years just mentioned. At some future date, when sufficient funds are available, it might be well to have this information printed and published for state use.

In 1927, the legislature passed a law requiring original licenses to be returned to the county judge, recorded by him and forwarded to the Central Bureau of Vital Statistics. Thus beginning in the mid-year of 1927 original records of marriages performed have been filed, indexed and tabulated. Through the clerks of the circuit courts, records of divorces have been received during the same period. The table at the end of this article indicates marriages and divorces by counties for the calendar years 1927 and 1928.

EFFECTS OF DISEASED TONSILS

Once a tonsil becomes diseased it is always diseased (with but rare exceptions), and the infected matter is therefore constantly produced and shipped to other parts of the body, such as the heart and joints. The most common harmful effects of diseased tonsils are: diseases of the heart; rheumatic affections of the joints; St. Vitus' dance; increased susceptibility to contagious diseases and increased susceptibility to kidney trouble.

—:—

TYPHOID DEATHS

| Year | Jan. | Feb. | Mar. | Apr. | May | Total | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Total |
|------|------|------|------|------|-----|-------|------|------|------|-------|------|------|------|-------|
| 1929 | 2 | 4 | 5 | 10 | 7 | 28 | | | | | | | | |
| 1928 | 7 | 2 | 9 | 4 | 18 | 40 | 12 | 19 | 14 | 7 | 14 | 9 | 6 | 121 |

MALARIA DEATHS

| Year | Jan. | Feb. | Mar. | Apr. | May | Total | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Total |
|------|------|------|------|------|-----|-------|------|------|------|-------|------|------|------|-------|
| 1929 | 24 | 7 | 12 | 10 | 20 | 73 | | | | | | | | |
| 1928 | 9 | 9 | 13 | 10 | 24 | 65 | 16 | 26 | 36 | 39 | 84 | 74 | 48 | 388 |

DIPHTHERIA DEATHS

| Year | Jan. | Feb. | Mar. | Apr. | May | Total | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Total |
|------|------|------|------|------|-----|-------|------|------|------|-------|------|------|------|-------|
| 1929 | 8 | 6 | 3 | 3 | 3 | 23 | | | | | | | | |
| 1928 | 13 | 7 | 4 | 4 | 5 | 33 | 2 | 6 | 8 | 4 | 7 | 6 | 3 | 69 |

BUREAU OF VITAL STATISTICS

Total Marriages Performed, Divorces and Annulments Granted by
Counties—1927-1928

| COUNTIES | 1928 | | | 1927** | | |
|-----------------------|-----------|----------|------------|-----------|----------|------------|
| | Marriages | Divorces | Annulments | Marriages | Divorces | Annulments |
| 0. State..... | 17,970 | 3,516 | 19 | 21,222 | 4,011 | 17 |
| 1. Alachua..... | 375 | 43 | ..... | 433 | 62 | ..... |
| 2. Baker..... | 198 | 8 | 1 | 188 | 14 | ..... |
| 3. Bay..... | 139 | 16 | ..... | 137 | 22 | ..... |
| 4. Bradford..... | 132 | 7 | 1 | 143 | 15 | ..... |
| 5. Brevard..... | 151 | 30 | ..... | 175 | 44 | ..... |
| 6. Broward..... | 630 | 47 | ..... | 722 | 31 | ..... |
| 7. Calhoun..... | 66 | 8 | ..... | 106 | 7 | ..... |
| 55. Charlotte..... | 94 | 8 | ..... | 94 | 11 | ..... |
| 8. Citrus..... | 63 | 6 | ..... | 105 | 14 | ..... |
| 9. Clay..... | 128 | 7 | ..... | 167 | 1 | ..... |
| 62. Collier..... | 13 | 7 | ..... | 17 | 3 | ..... |
| 10. Columbia..... | 207 | 19 | ..... | 262 | 29 | ..... |
| 11. Dade..... | 1,142 | 512 | ..... | 1,494 | 597 | ..... |
| 12. DeSoto..... | 97 | 17 | ..... | 162 | 23 | ..... |
| 56. Dixie..... | 117* | 2 | ..... | 50 | 9 | ..... |
| 13. Duval..... | 1,775 | 616 | 6 | 2,218 | 663 | 6 |
| 14. Escambia..... | 593 | 138 | 2 | 688 | 127 | ..... |
| 53. Flagler..... | 88 | 3 | 1 | 100 | 4 | ..... |
| 15. Franklin..... | 68 | 10 | ..... | 74 | 2 | 1 |
| 16. Gadsden..... | 396 | 11 | ..... | 386 | 15 | 1 |
| 64. Gilchrist..... | 71 | 5 | ..... | 64 | ..... | ..... |
| 57. Glades..... | 38 | 3 | ..... | 44 | 3 | ..... |
| 65. Gulf..... | 65 | 2 | ..... | 44 | 5 | ..... |
| 17. Hamilton..... | 196* | 10 | ..... | 246 | 15 | ..... |
| 58. Hardee..... | 143 | 20 | ..... | 192 | 19 | ..... |
| 63. Hendry..... | 27 | 5 | ..... | 34 | 4 | ..... |
| 18. Hernando..... | 83 | 11 | ..... | 132 | 8 | ..... |
| 59. Highlands..... | 122 | 15 | ..... | 156 | 9 | 1 |
| 19. Hillsboro..... | 1,759 | 479 | ..... | 2,211 | 663 | 1 |
| 20. Holmes..... | 156 | 11 | ..... | 210 | 5 | ..... |
| 66. Indian River..... | 95 | 8 | 1 | 98 | 12 | ..... |
| 21. Jackson..... | 314 | 30 | ..... | 320 | 37 | ..... |
| 22. Jefferson..... | 202 | 7 | ..... | 266 | 3 | ..... |
| 23. Lafayette..... | 61* | 10 | ..... | 81 | 5 | ..... |
| 24. Lake..... | 211 | 55 | ..... | 260 | 32 | ..... |

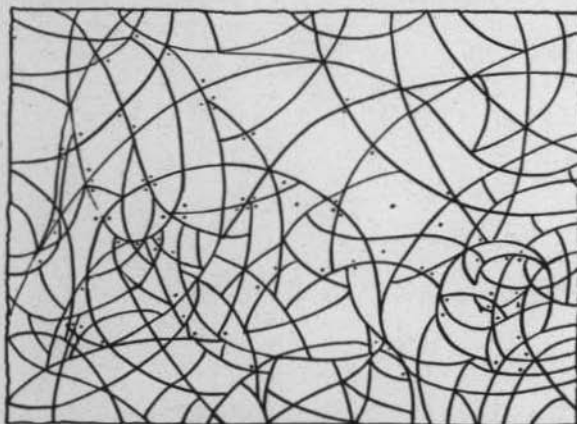
BUREAU OF VITAL STATISTICS

Total Marriages Performed, Divorces and Annulments Granted by
Counties—1927-1928—(Continued)

| COUNTIES | 1928 | | | 1927** | | |
|---------------------|-----------|----------|------------|-----------|----------|------------|
| | Marriages | Divorces | Annulments | Marriages | Divorces | Annulments |
| 25. Lee..... | 141 | 35 | ..... | 201 | 58 | ..... |
| 26. Leon..... | 284 | 40 | ..... | 409 | 32 | 1 |
| 27. Levy..... | 148 | 11 | ..... | 200 | 9 | ..... |
| 28. Liberty..... | 60* | 2 | ..... | 66 | 3 | 1 |
| 29. Madison..... | 271 | 14 | ..... | 280 | 17 | ..... |
| 30. Manatee..... | 272 | 26 | ..... | 327 | 34 | ..... |
| 31. Marion..... | 336 | 54 | ..... | 396 | 57 | ..... |
| 67. Martin..... | 98 | 18 | ..... | 111 | 24 | 1 |
| 32. Monroe..... | 147 | 52 | ..... | 178 | 67 | ..... |
| 33. Nassau..... | 158 | 12 | ..... | 214 | 7 | ..... |
| 34. Okaloosa..... | 221* | 8 | ..... | 180 | 13 | ..... |
| 54. Okeechobee..... | 67 | 10 | ..... | 91 | 13 | ..... |
| 35. Orange..... | 570 | 136 | 1 | 608 | 140 | 1 |
| 36. Osceola..... | 302 | 18 | ..... | 286 | 11 | ..... |
| 37. Palm Beach..... | 526 | 163 | 1 | 668 | 160 | 1 |
| 38. Pasco..... | 151 | 19 | ..... | 190 | 20 | ..... |
| 39. Pinellas..... | 596 | 142 | ..... | 785 | 164 | ..... |
| 40. Polk..... | 846 | 135 | 1 | 836 | 177 | 2 |
| 41. Putnam..... | 224 | 27 | ..... | 251 | 32 | ..... |
| 42. St. Johns..... | 388 | 49 | ..... | 360 | 45 | ..... |
| 43. St. Lucie..... | 113 | 17 | ..... | 144 | 23 | ..... |
| 44. Santa Rosa..... | 241 | 12 | ..... | 241 | 10 | ..... |
| 60. Sarasota..... | 145 | 43 | 2 | 207 | 32 | ..... |
| 45. Seminole..... | 314 | 43 | ..... | 352 | 79 | ..... |
| 46. Sumter..... | 129 | 18 | 1 | 154 | 20 | ..... |
| 47. Suwannee..... | 194 | 24 | ..... | 177 | 27 | ..... |
| 48. Taylor..... | 154* | 26 | ..... | 206 | 20 | ..... |
| 61. Union..... | 97 | 5 | ..... | 61 | 9 | ..... |
| 49. Volusia..... | 395 | 144 | 1 | 498 | 156 | ..... |
| 50. Wakulla..... | 28* | 6 | ..... | 99 | 5 | ..... |
| 51. Walton..... | 187* | 12 | ..... | 214 | 26 | ..... |
| 52. Washington..... | 152 | 9 | ..... | 153 | 8 | ..... |

Figures from County Judge—*original licenses not received.

**Law not effective until June 6, 1927.



Fill in the spaces and
find a
BARNYARD FRIEND
who brings you a most
healthful food

With a lead pencil
blacken in each space
that has a dot in it and
see who this can be.

✧ SIX TWIRLSOME TONGUE TWISTERS ✧

1
2
3
4
5
6



One oceanic oafish oaken ogre orally ordering oranges.



Two tutoring Tudors tooting tunes to tubular tulips.



Three thirsty Turks turn thickened turfs thirty turns.



Four forlorn froward foreigners from former frosty forums.



Five flighty friars finally flying frightful flights.



Six silly sisters selling single sickly signors silk singly.

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

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No. 9

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

RURAL NURSING — REID

LOOKING BACKWARD — ARMS

FIELD OBSERVATIONS — FILBY

PREPAREDNESS FOR HEALTH — BRINK

SOME THINGS OF INTEREST IN AGES 20 TO 60 — THOMPSON

B. L. ARMS, M. D., STATE HEALTH OFFICER

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Address all correspondence care State Board of Health, Jacksonville

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LOOKING BACKWARD

Occasionally it is well to take account of what has passed as time goes on; hence, this brief outline of a few of the events that have occurred during the past twelve years, since the writer came to the laboratory of the Florida State Board of Health, August 1st, 1917.

The work of the laboratory at that time had grown to the extent that nearly 20,000 specimens were examined yearly and it was our duty to set the standard high so as to keep the number of specimens examined on the increase. That we succeeded fairly well is borne out by the fact that in 1921 there were 36,138 examinations made in the Jacksonville laboratory, 56,747 in 1925, 76,594 in 1928. While we were never "the first by whom the new was tried" we also were not "the last to throw the old aside" for the attempt, as the technical force had not grown with the number of examinations, was to allow others to work out and standardize tests then follow the advice of those in position to give advice that counted.

Two illustrations will be cited:

1st. The change from the 25 dose to the 14 dose antirabic treatment. This was adopted after consultation with several of those who were in position to know. Although two years previously the same men were not in favor of the change, at that time they unanimously upheld the newer method.

2nd. The change from the Wassermann to the Kahn. The question was submitted as follows: We have not the staff to do comparative tests but in view of the thousands of such tests made by many workers would we be justified in making the change without the comparative tests? Here again the feeling was unanimous that we would be.

We made the change but before doing so, by the help of the International Health Board who paid the expense of the trip, Miss Griffith went to Kahn's Laboratory at Lansing, Michigan and worked under him until he said she was ready to make the tests and that laboratory has kindly checked each antigen made here before it was used. This was done as Kahn's Laboratory wished to secure as uniform results as possible from all laboratories making the test and naturally this laboratory is very glad to submit samples.

In 1921 Schick tests and toxin antitoxin were added to the list of biologics furnished by the Board and only this past month the perfringens antitoxin was added both prophylactic and therapeutic.

In August 1925, although not an applicant for the position, the writer was requested to assume the duties of State Health Officer.

The fall of 1925 brought many added responsibilities from the health standpoint. More people came to many localities than could be cared for in houses and the tourist camp problem assumed great proportions. Two nurses were put on whose duties were confined to visiting the camps. A little later two assistant engineers were added, for the water and sewage problems of both camps and subdivisions

ADMINISTRATION

rapidly increased and additional sanitary inspectors were needed.

Early in 1926, smallpox which was unusually prevalent over the country, added to our labors and approximately 250,000 of our citizens and visitors were vaccinated by the physicians of the State during the first four months, effectively stopping the spread.

The West Indian hurricanes of 1926 and 1928 came but left no trail of disease nor did the high waters in the western portion of the State in 1928 and 1929 except that later in the season there was an increase in the prevalence of malaria in these sections.

The aim of the Bureau of Communicable Diseases has been to immunize as many of the children as possible against diphtheria and as many as possible, both children and adults, against smallpox and typhoid and they are finding a greater response from the public each year.

Within this period the State has been admitted into the U. S. Registration Area for both deaths and births and now the Bureau of Vital Statistics is also the keeper of the records of marriages and divorces. They are also charged with the collection of the registration of those practicing the healing arts.

In 1927 the pharmacists of the State asked the State Board of Health to assume the task of inspecting drug stores and see that the rules and regulations of the State Board of Pharmacy were observed. This law went into effect July 1st, 1928 and is being carried out under the supervision of the Executive Office.

The work of the Bureau of Sanitary Engineering has grown rapidly both in the field and in the laboratory.

The Nursing Service was, on account of the Sheppard-Towner co-operation, divided into Maternal and Infant Hygiene—Sheppard-Towner nurses, and those doing the rural school work but this division no longer exists, the Sheppard-Towner act having terminated June 30th, of this year.

All Bureaus have worked in harmony, the idea of SERVICE to the citizens being the end towards which all have striven.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

PREPAREDNESS FOR HEALTH

The New Pupil

Stepping out from the home into new experiences and new contacts is almost a daily occurrence with the child from the time he starts to school.

At every step in the new environment new hazards are encountered—perils the child may be taught to avoid, perils that may be removed from his path by stronger hands, perils against which his body may be fortified.

Soon the youth of Florida, books in hand, will be sent merrily on to the halls of learning and those who are to do the sending may well pause now to consider whether they have met their obligations

BUREAU OF COMMUNICABLE DISEASES

by preparing the children for their new environment and activities.

1. Teach the child to look both ways before crossing streets and highways and to wait until the crossing is safe.

2. Make it seem repulsive to eat or to drink anything from a doubtful source or to use a common drinking cup.

3. See that the child is immune to diphtheria, smallpox and typhoid. Ask your doctor.

—:—
Morbidity Reports;

or

Help! Doctor!

If you write to someone for information, inclose a stamped envelope for a reply and get no answer, you are miffed. Now, isn't that so?

Well, we do not get miffed but we are disappointed and handicapped if we do not get our morbidity reports. You doctors are really a splendid lot, none better, you are busy too, but you could keep a few morbidity report cards and envelopes (no postage required) in a special place and you or your office assistant fill out and mail one for each reportable disease.

Laymen write to us about epidemics—an unusual prevalence of some reportable disease of which we have had no previous information. This is a reflection on someone. You must not think because a District Health Officer does not show up and placard the house next day after you have sent your report that there is no need to report. You see we depend a lot on you and most of you have proven dependable. There are many instances where the reports we receive from several doctors in the same community point the need for a special local service we can and do render with results that are gratifying to all.

If you realize that your negligence in reporting may lead to human suffering and perhaps death, **YOU WILL REPORT.**

Not being perfect we do not look for perfection in others but we do appreciate the cooperation and compliance of our own profession.

Doctor, if you have no report cards, send in for them and please help us keep up to date on the reportable diseases.

—:—
A Prophecy to YOU

1. When YOU get smallpox, YOU will want laxity in quarantining.
2. When neighbor Smith's child gets smallpox, YOU will want the whole Smith Clan quarantined for the entire time limit.
3. If YOU and your family and the Smith family GET VACCINATED, YOU will rejoice over being protected and you will have no worries about quarantine for smallpox even if it comes close to you.

P. S.—Smallpox will become epidemic from time to time until vaccination is made universal. The people must decide.

(More prophecies to follow)

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****FIELD OBSERVATIONS**

Deerfield, down in Broward County is probably best known because of its early produce and vegetables but to the State Board of Health it is best known as the city that put over one of the best sanitary programs thus far completed in 1929. Deerfield had flies by the thousands and an open privy for nearly every small home. The combination was right for trouble, but trouble didn't come, and meanwhile public opinion grew to such an extent that the city council enacted an ordinance requiring that each home have a sanitary concrete pit privy or a septic tank for human waste disposal. How to get a good job then became the problem—so the council decided to contract the entire installation of 150 privies to one man—to pay for the job out of city funds and charge the actual cost to the property benefitted, allowing the owner to pay as he could. The cost of the concrete pit and housing structure with vent and seat covers was \$35.00 for the average family. A few over 150 pits were installed according to the State Board of Health specifications and a fine uniform job resulted. Pits were poured in place concrete. Numerous septic tanks were installed as the city has a public water supply. Public health has been protected at a small cost. Negroes and white people were treated alike and the firmness of the city council made them many friends. Flies are scarcely noticeable this summer and most of the citizens have repaid the city council the money advanced. Hats off to Deerfield and George Reed our District Sanitary Officer!!!

And then, Winter Park, that wonderful city of homes near Orlando, has just about finished up a very similar piece of work in the colored district of the city. The city did not finance the work but it was done very reasonably and the people are well pleased. Where sewers were available, of course, connection was forced but in the negro section many concrete pits were installed. A novel feature of the Winter Park job is that the pits were precast and entirely of concrete—no wood being used except in the housing structure. Russell Broughman, our representative, put over the program and is now putting over a similar piece of work at Eustis.

Here in Jacksonville—the Playground and Recreation Board has put into operation one of the best swimming pools in the entire South and easily one of the best city pools in Florida. It is of the inverted straw-hat type, the Bentz patent-type and built of reinforced concrete throughout. Mr. Joseph E. Byrnes the executive manager and secretary of the Jacksonville Playground and Recreation Board has made swimming pools his hobby and he is riding it hard on his Lackawanna playground pool. The pool is all above ground and holds 182,457 gallons. It is fed by a free flowing artesian well 700 feet deep, flowing 489 gallons a minute into the pool. The dressing rooms are around the outside of the pool on the ground level and one mounts to the second floor or water level. Special dressing rooms for bathers and teams using the athletic field have been provided. Every

BUREAU OF ENGINEERING

patron of the pool must pay ten cents for which he receives a cake of soap, a sterilized towel and a locker. The patron must take a shower bath with soap BEFORE entering the pool and this is rigidly enforced by the management. A spirit of good-will prevails and everyone realizes that the pool is for recreation and physical development and not a bath tub. Officials in charge of playground and swimming pools or casinos can well afford to visit Jacksonville and see this wonderful pool and better still, see how it is operated. Our representative, Captain Fred A. Safay at the Jacksonville office, will be glad to take any officials to the pool. There are now six pools in the Jacksonville territory approved by the State Board of Health.

Mosquitoes!! How are they this year? Biting good? Well down around Tampa the Chamber of Commerce sold a "location site" to a moving picture firm in the spring and the Company was about to move "on location" when it was discovered that our pests might prevent the picture being taken. What to do? Call on the State Board of Health. Could we remove or eliminate the pests or at least do something so they would not bother our movie friends? And some of these mosquitoes may breed fifteen miles away!! A small order—eh? We agreed to find the breeding places for the Chamber of Commerce if they would get after their Board of County Commissioners to eliminate these breeding places. So Messrs. Osburn and Lamoureux have been dipping the streams and ponds, charting them and telling county commissioners what to do, and some close-by control is being done. Perhaps this is the start of making the west coast of Florida the summer resort that the entire state would be if our counties took advantage of the Anti-Mosquito Bill passed at the last legislature, which provides that counties may, upon favorable vote of the people, levy a tax for mosquito control purposes. The State gives no financial aid. This, we believe, is the next step for the entire state benefits if a county becomes mosquito free. Watch St. Lucie County and Ft. Pierce—they have over 93 miles of ditches dug and blown allowing our friend the Gambusia, or top minnow, access to the breeding areas and the mosquitoes in Ft. Pierce have not been bad this year. Down in Dade County the local anti-mosquito enthusiasts have founded their own Dade County Anti-Mosquito Association. It is headed by Mr. Hugh Matheson, a prominent resident of Coconut Grove. Real estate men are sold on the necessity of ridding Miami and Dade County of these pests which are the only draw-back to the best summer resort on the eastern seaboard. The Dade County Realty Board recently endorsed the work and the Miami Civitan Club volunteered its services in getting the required petitions signed and the voters out to the polls. You can't stop the East Coast of Florida on any project for the good of Florida!

Down in Citrus County a few years ago a wonderful development was started at Homosassa. A lot of work was done but it gradually ceased. Just a few miles south there is a community known as Old Homosassa. It has not grown very much but some new families have come in and a determined effort is being made to clean up the community. The land is low and the water practically at the surface.

BUREAU OF ENGINEERING

Mosquitoes are numerous—drinking water wells are only a matter of digging a few feet into the lime rock. Springs abound. It is a perplexing problem for the community is not incorporated and the leadership is not co-ordinated. Our district sanitary officer, C. A. Holloway, at Ocala recently aided Mrs. Fenton, post mistress, in putting over a clean up campaign. He showed our moving picture reels on typhoid and the one on malaria to the community in the movie theatre. No admission was charged and a good turn-out resulted. Next day a house to house canvass was made and instructions given how best to clean up and screen their houses to keep out the anopheles (malaria transmitting) mosquito. The Cummer Lumber Company has a woods camp nearby and the company has fully screened its lumber camp to keep out mosquitoes. Malaria prevention pays and lumber interests are gradually awakening to this fact.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF JULY, 1929

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|---------------------------------------|--------------|-------|-----------|-------|-------------|-------|
| Animal Parasites | 689 | 354 | 33 | 211 | 40 | 1327 |
| Diphtheria | 212 | 144 | 11 | 50 | 18 | 435 |
| Typhoid | 598 | 151 | 53 | 96 | 74 | 972 |
| Malaria | 684 | 208 | 53 | 20 | 189 | 1154 |
| Rabies | 38 | 7 | | 1 | | 46 |
| Tuberculosis | 205 | 73 | 12 | 37 | 6 | 333 |
| Gonorrhea | 409 | 226 | 37 | 110 | 26 | 808 |
| Kahn Reaction | 3293 | 846 | | 470 | | 4609 |
| Water: Bacterial Exam.... | | 43 | | 116 | 3 | 162 |
| Water: Chemical Exam.... | | | | 171 | 3 | 174 |
| Milk: Bacterial Exam..... | 59 | 139 | 48 | 484 | 2 | 732 |
| Milk: Chemical Exam..... | 62 | 137 | 48 | 331 | 2 | 580 |
| Miscellaneous | 269 | 72 | 5 | 55 | 28 | 429 |
| | 6518 | 2400 | 300 | 2152 | 391 | 11761 |
| Specimen Containers Distributed | | | | | | 5929 |

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|------------------------------|--------------|------------------|
| Diphtheria Antitoxin..... | 10,000 units | 117 Packages |
| | 5,000 units | 56 Packages |
| Toxin Antitoxin..... | | 1,273 C. C. |
| Schick..... | | 250 Tests |
| Tetanus Antitoxin..... | 20,000 units | 17 Packages |
| | 10,000 units | 34 Packages |
| | 1,500 units | 906 Packages |
| Typhoid Vaccine..... | | 2,756 Treatments |
| Vaccine Virus..... | | 800 Capillaries |
| Antirabic Virus..... | | 55 Treatments |
| Antimeningococcus Serum..... | | 23 Cylinders |
| Carbon Tetrachloride..... | | 1,565 Capsules |

BUREAU CHILD HYGIENE AND PUBLIC HEALTH NURSING**Laurie Jean Reid, R. N., Director****HOBNOBBING WITH THE WORLD**

The Congress of the International Council of Nurses was held in Montreal, Canada, July 8th to 15th inclusive. Forty countries were represented and a total of 6,163 nurses were registered. Of this number, 2,822 were from Canada; 3,034 from the United States and island possessions; and 307 from foreign countries. Many other nurses attended the sessions but did not register, making the total attendance about 8000.

The International Council of Nurses is the oldest of all the international organizations for professional workers in the world, having been founded in 1899 for the purpose of gathering together all the forces working for "Better Nursing and Better Nurses Everywhere." It has a nurse membership of 140,000.

All general sessions were held in the Forum building, which seated 8,000, and the band of the 48 Royal Highlanders rendered the music for each session. It was a most inspiring sight when the delegates from forty different countries took their places on the stage and the entire assemblage stood with them while the National Anthem of the hostess country was played. The flags of all the member countries were displayed around the walls and from the ceiling, and the standards of the new member countries had a place on the stage. At the first general session, the President's address was read and reports made from the various committees and sections. At the evening meeting on the first day, addresses of welcome were read by His Excellency, the Governor General of Canada, the Archbishop of Montreal, the Premier of Quebec, the Chancellor of the University of Montreal, the Chancellor of McGill University, the President of the Canadian Medical Association, and the President of the Canadian Nurses Association. The response, which was short and exceedingly fitting, was made by Miss Nina D. Gage, President.

It would be impossible for lack of time and space for the writer to detail the program of this unusual and epoch-making congress, but there were many outstanding features which have pointed to a broader horizon and an entirely new point of view regarding the education, training, and work of the nurse; much information from each of the forty countries represented, that can be used to good advantage by all, and much food for thought. Incidentally, I felt a new pride in being one of the vast assemblage of professional women brought together in a common cause—the cause of suffering humanity. Assembled for friendly conference and discussion, we hoped to arrive at conclusions which would enable us to return each to our own country to raise the standards for nursing still higher and because of the knowledge gained, to give better service. Without its being emphasized by any particular speaker, I found myself thinking in terms of world citizenship and world needs, instead of limiting my vision to

BUREAU CHILD HYGIENE AND PUBLIC HEALTH NURSING

my own country. True it is that the person who is ill or in need, whether man, woman, or child, of whatever color or creed, is beyond the bounds of any nationality.

It was conceded that the majority of the problems of the nursing profession could be traced to the training school. Much stress was put upon the necessity for a higher standard of basic training for the student nurse. It is not the well educated nurse who finds difficulty in keeping busy. We were reminded that even though professional people were not supposed to advertise that unless the medical profession and the general public were informed regarding our desires and hopes and aspirations, all of which tended to a better service, we could not expect their support and assistance.

Low voiced, well poised, and quietly dressed for the most part, was this body of women, and a beautiful dignity characterized the sessions. It was obviously apparent that the big majority of those present had come for the purpose of transacting serious business and for the time being everything else was set aside. The foreign delegates were almost all in the outdoor uniform of the nurses of their respective countries, and I for one continued to admire. Very evident it was that their clothes were not bothering them, and that they had something of vastly more importance to take up their time and attention.

The arrangements had been well thought out and were perfectly made. From the time the first nurse was registered until the end of the last farewell meeting Saturday night, meeting followed meeting, sections, round tables, working luncheons, visits to local hospitals and health organizations, and a beautiful sprinkling of social functions, all dove-tailed perfectly. Not only the Canadian nurses but the entire population of Montreal cooperated to make the congress a success and everyone happy and comfortable.

Public health nursing in all its phases was discussed, with much stress on rural nursing and mental hygiene. It is very evident that special training for rural nursing is needed and this was emphasized by all the member countries.

Private duty nursing was a subject of much concern. We appear to be in a transitory stage regarding this phase of nursing work. The old order has proven to be unsatisfactory; a new order has not yet been established; hence the confusion of thought and dissatisfaction in the ranks of private duty nursing. Many ways of solving the problem were discussed, and there is hope that we will soon have a better understanding and better methods. The distribution of nursing service again takes us back to the training school where it was thought more graduate nurses should be employed and the number of student nurses limited. Again many valuable suggestions were made from many countries and it was apparent that the discussions regarding this subject will crystallize into changes which will relieve the situation.

Other subjects on which there were papers and discussions were: Mental Nursing and Hygiene; Nursing Education; The Public Health

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

Nurse and Social Work; Text and Reference Books for Nurses; Staff Education; The Nurse as a Citizen; University Schools of Nursing; Legislation as related to Nursing; Civilization and Health; Community Organization and Health Work; Government Nursing Service; Military Nursing Organization; The Need for Publicity in Nursing.

As day followed day, I felt that the difficulties we encounter in our work in the United States pale into insignificance beside the handicaps of which the nurses from other parts of the world speak so calmly, appearing just to accept them as part of the problem to be worked out. Truly it was a lesson to hear these brave women not only uncomplaining, but thankful to be privileged to help build a nursing service for their own country.

A decidedly new note was struck by Miss Viney of England at the round table on Community Organization for Health Work. She made the statement that "ignorance of women in health is responsible for much of the ill health of the nation; that the woman is responsible for the health of her children; that we have inadequate education for women because their education has been modeled on that of men." Miss Viney's suggestion was that public health authorities should consult with educational departments to cooperate in a survey of each country regarding this subject to the end that the education of women, which means the girl in school, be changed. The ultimate point to be gained would be a changed curriculum for girls which would include basic knowledge for her task as a woman and a potential mother and that public health nurses should be the teachers in all schools to teach health.

One of the eminent speakers, the Chancellor of a great university, was pleased to say that the assemblage he was facing, made up of over 8,000 professionally trained women from forty countries, could be and should be the greatest force for peace in the world. We were reminded of our opportunity to do world good. Home visiting, where the very nature of the work gives the nurse a unique standing with the parents and the work in schools directly with the children give the nurse her opportunity. In giving health lessons, there is included the ability to be a good neighbor, which is defined as the Golden Rule. When we learn to think beyond the confines of our own country, being a good neighbor would mean being a good world citizen, and this means Peace.

Truly it was a wonderful meeting and it was rather surprising to find that one need not scratch very deep to find the same sort of individual needing the same kind of care. Nurses from forty countries with similar problems talking over in a friendly way their triumphs and their failures, which all were frank to make, each getting a new angle on her work from some other nurse located half way around the earth from her, surely should bring renewed faith and courage to again take up our task, blaze new trails where the need is indicated, ever keeping before us the goal of better health, with happiness, and Peace for all the nations.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****TEN CAUSES OF DEATH — AGES 20 TO 59, Inclusive**

As the mode of living changes, a relative variance is noticed in the frequency of certain causes of death. Infant mortality has been reduced until last year a low mark was reached representing the best showing so far in the state's history. This naturally affects the general death rate. Certain diseases in older age groups have increased while others have decreased, also more or less affecting the general death rate. For many years carefully prepared data have been tabulated and preserved so that now reliable information is available for a period covering a little more than a decade. Many requests have been received for special studies which it is hoped will be included in the program of the next few years.

This particular article is to emphasize the importance of certain causes of death in the age group, 20-59, inclusive, which is known as a certain insurable age. In studying the information on this specific age period, the illustrations and data have been separated for color and sex, thus giving much more comprehensive results. The leading cause in this particular age group of the white population is diseases of the heart, while among the colored, it is tuberculosis; female white is cancer, while female colored is tuberculosis. So much has been written regarding the apparent increase in deaths from diseases of the heart that it would seem unnecessary to comment on this particular leading cause of death just now. Cancer and tuberculosis have also received much attention in published articles.

One outstanding cause of death having been brought about by a change in the mode of transportation is deaths from automobile accidents. A few years ago, deaths from automobile accidents would not rate very high and not so many years previous to that, it was an unknown quantity. Today, however, among the male white population in the age group studied here automobile accidents rank as the fifth to the highest cause of death last year in Florida. It is noted that not so many deaths in proportion were caused in the female white population as it ranks tenth. Automobile accidents also rank tenth among the colored of the male population while the colored females are little troubled with the dangers of automobiles, since this cause does not appear among the first twenty.

Many other interesting facts are brought out in this study which would take pages to include in a word picture. Charts are, therefore, reproduced here giving the ten leading causes of death in ages 20-59, inclusive, both of the white population and of the colored, by sex, for the calendar year 1928, together with percentages.

BUREAU OF VITAL STATISTICS

TEN LEADING CAUSES OF DEATH IN AGES 20-59, OF WHITE POPULATION, BY SEX -- 1928.

| TOTAL WHITE | MALE | FEMALE |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Diseases of the Heart 12% | Diseases of the Heart 13% | Cancer 11% (All Forms) |
| Tuberculosis 9% (All Forms) | Chronic Nephritis 8% | Diseases of the Heart 10% |
| Chronic Nephritis 8% | Tuberculosis 8% (All Forms) | Tuberculosis 9% (All Forms) |
| Cancer 8% (All Forms) | Pneumonia 6% (All Forms) | Puerperal State 8% |
| Pneumonia 5% (All Forms) | Automobile Accidents 6% | Chronic Nephritis 8% |
| Cerebral Hemorrhage, Apoplexy 4% | Cancer 5% (All Forms) | |
| Automobile Accidents 4% | Cerebral Hemorrhage, Apoplexy 4% | Pneumonia 5% (All Forms) |
| Puerperal State 3% | Homicides 4% | Cerebral Hemorrhage, Apoplexy 4% |
| Influenza 3% (All Forms) | Suicides 4% | Influenza 3% (All Forms) |
| Suicides 3% | Influenza 3% (All Forms) | Malaria 3% |
| | | Automobile Accidents 3% |

FLORIDA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

TEN LEADING CAUSES OF DEATH IN AGES 20-59, OF COLORED POPULATION, BY SEX -- 1928.

| TOTAL COLORED | MALE | FEMALE |
|-------------------------------------|--------------------------------------|-------------------------------------|
| Tuberculosis 12% (All Forms) | Diseases of the Heart 11% | Tuberculosis 13% (All Forms) |
| Diseases of the Heart 11% | Tuberculosis 10% (All Forms) | Diseases of the Heart 12% |
| Chronic Nephritis 7% | Chronic Nephritis 7% | Chronic Nephritis 8% |
| Cerebral Hemorrhage, Apoplexy 6% | Homicides 7% | Pellagra 7% |
| Syphilis 5% | Cerebral Hemorrhage, Apoplexy, 7% | Cerebral Hemorrhage, Apoplexy 6% |
| Homicides 5% | Syphilis 6% | Cancer 5% (All Forms) |
| Pneumonia 5% (All Forms) | Pneumonia 6% (All Forms) | Syphilis 4% |
| Pellagra 3% | Accidental Drowning 3% | Influenza 4% (All Forms) |
| Cancer 3% (All Forms) | Influenza 3% (All Forms) | Puerperal State 4% |
| Influenza 3% (All Forms) | Automobile Accidents 2% | Pneumonia 4% (All Forms) |
| | | |

BUREAU OF VITAL STATISTICS

HYGEIA EXPLAINS HOLLYWOOD DIET

One might have thought that the volumes and reams of paper expended in overcoming the last craze for slenderization would have worked a permanent cure and that femininity would no longer be tempted by strange combinations of lamb chops with pineapple, lettuce and hard-boiled egg, or other arrangements guaranteed to cause the avoirdupois to melt from the shanks like the glacier snows from the timber line of Mt. Hood in August, observes the editor of Hygeia, the health magazine, in an editorial in the September issue anent the eighteen day diet that has recently agitated the ranks of those interested in reducing weight.

Although it is freely asserted that the list is the result of five years of cogitation on the part of leading French and American physicians, it can be taken for granted because of the emphasis on grapefruit and oranges that the eighteen day diet, also known as the Hollywood diet, emanated from California.

The diet provides from 500 to 800 calories per day, some days approximating almost a thousand. Most persons normally eat about 3,000 calories a day. On such a diet one is bound to lose weight too rapidly. Authorities insist that a loss of more than 2 pounds per week is not healthful. The right way to lose weight is to take a diet which does not provide more than 1,400 calories per day and which contains the proper foods to supply proteins, carbohydrates, fats, mineral salts and all the vitamins.

—:—

NEW REGISTRARS APPOINTED

- 19-417 Mrs. Louise H. Lee, Box 44, Brandon, Fla.
- 27-097 Mrs. Sarah J. Miller, Sumner, Fla.
- 38-01 Mrs. Louise W. Hill, Box 613, Dade City, Fla.
- 40-167 C. L. Langham, Homeland, Fla.
- 40-247 Mrs. Huldah Smith, Rt. 1, Fort Meade, Fla.
- 41-04 Mrs. H. Y. Reeder, Welaka, Fla.
- 51-117 G. W. Johnson, Freeport, Fla.
- 51-197 Mrs. Preston Davis, Route 1, Ponce de Leon, Fla.
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- 62-01 Mrs. Lucy McLeod, Everglades, Fla.
- 62-057 Mrs. Sam'l Thompson, Immokalee, Fla.
- 64-01 H. E. Harllee, Box 149, Trenton, Fla.

A PAGE for the CHILDREN

1

One healthy little lad.
Some exercises knew.
Another comes to join the play
And then there are two.



2

Two healthy little lads
By the deep blue sea.
Another likes the water too
And so there are three.



3

Three healthy little lads
At the grocer's store.
Here is one to get some fruit
And then there are four.



4

Four healthy little lads
On food that's healthful thrive.
One is bringing spinach, so
That makes the number five.



5

Five healthy little lads
Full of funny tricks.
Here comes one a-rowing
And so there are six.



6

Six healthy little lads
At ages near eleven.
One is bringing milk to drink
And now there are seven.



7

Seven healthy little lads
Never up too late
'Fresh air when you sleep' says one,
Who makes the number eight.



8

Eight healthy little lads
Feeling fit and fine.
One comes to their tooth-brush drill
And so there are nine.



9

Nine healthy little lads
Will soon be big strong men.
One more to our little troop
Will make the number ten.



10

Ten healthy little lads
Bright and full of joy.
Wishing health and happiness
To every girl and boy!





HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

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This Bulletin will be sent to any address in the State free of charge.

Vol 21

OCTOBER, 1929

No. 10

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

TOPICS OF THE DAY — FILBY

HOW MUCH HOOKWORM? — BRINK

AGE GROUP, 15 TO 19 — THOMPSON

SQUARE PEGS IN ROUND HOLES — REID

"LOOKING BACK" COMING BACK — HANSON

HENRY HANSON, M. D., STATE HEALTH OFFICER

STATE HEALTH OFFICER

Henry Hanson, M. D.

BUREAUS AT JACKSONVILLE

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 *Vital Statistics.....
 Communicable Diseases.....
 Engineering.....
 Child Hygiene and Public Health Nursing.....
 Accounting.....
 Crippled Children.....

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*Field Supervisor

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

"LOOKING BACK" COMING BACK

After twelve years of unbroken service Dr. B. L. Arms leaves the State Board of Health. About eight years of this time was given to the Diagnostic Laboratories and the last four to duties as State Health Officer. In the last issue of Health Notes he is in a reminiscent mood; however, one who has given conscientiously of his time and energy toward building up a public health institution well might be. His review "Looking Back" shows that he has built well and he has left his "footprints on the (Florida) sand of time," as he has previously done on the "sand of time" in Boston, in Oregon, Texas and Alabama and as he no doubt will continue to do in other important centers where there will be calls for his experience and ability as a Public Health Worker. The staff which he is leaving as well as his successor in office bids him and his congenial wife God-speed and a successful future.

Dr. Arms' "looking back" causes the writer to look back about eight years more to the time when the great Father of Public Health Work in Florida (the late Joseph Y. Porter, Sr.) was the State Health Officer with the office in the Dyal-Upchurch Building and when the writer assumed charge of the Diagnostic Laboratory then located over the L'Engle Bank at the corner of Bay and Main Streets. At that time all the laboratory work had been done in one small room at this location and the total of specimens examined for the year 1909 was 5,762. There were, however, plans all laid for laboratory expansion; a program which was carried out the following year by the establishment of State Board of Health Laboratories in Tampa and Pensacola to be followed later by an establishment of other branch laboratories at Tallahassee, Key West, Miami, etc.

The year 1909 is rather significant in that it was the year when the great philanthropist, John D. Rockefeller, announced through the associated press on the 29th of October the gift of \$1,000,000.00 for the eradication of hookworm disease in the South. This appears to have been the beginning of activities along this line which have grown extensively as the years passed on. It also appears to have been the starting point or the inspiration for Mr. Rockefeller to continue his beneficent efforts for suffering mankind. Only a few years ago his gifts toward public health efforts alone had exceeded \$200,000,000.00, the benefits of which were dispensed impartially in practically all parts of the world. He as well as others has found that money spent for health gives the greatest return.

In 1911 the present State Board of Health building was completed and occupied and what spacious quarters they were. One who was a part of the organization at that time, coming back into it now, gets a rather vivid impression of the growth of the institution as he enters the front door and finds that the departments now are actually bulging and

ADMINISTRATION

one might say there is scarcely elbow room to move about. It may be well to leave further discussion of this feature until a later date.

The writer in assuming the responsibilities of State Health Officer for Florida realizes that it is a task of considerable magnitude. There are many problems to work out and many difficulties to cope with to maintain the high standard of health in a state whose northern boundary lies within the temperate zone and whose southern part is within the torrid zone. The health hazards have geographical variations according to the zone in which they are encountered. In this state we have a mixture of both temperate and tropical diseases. Among the most important of our tropical diseases is malaria and the incidence of intestinal parasites; two of the most potent factors in retarding improvement in the economical status of the people.

A person who is well will work and find enjoyment in it.

A healthy person earns money and enjoys spending it.

A healthy person is always an important factor in bringing his community to the front.

The town or city having the greatest percentage of sound healthy people is the most progressive and consequently the leading one in the state.

A sick individual, community, town or city behaves in general the same way.

A sick man is not a good farmer nor is he a good judge of hogs, horses or cattle. He must be free from handicaps caused by physical suffering if his mental faculties are to function soundly.

In assuming office the writer wishes to express his appreciation to the people of Florida for the honor bestowed and at the same time express his pleasure in being allowed to come back. It is a home coming after twelve years of experience in various lands. He also wishes to ask for the continued cooperation of those in authority as well as the medical profession of the state. The success of an organization of this kind is to a very large extent dependent upon the cooperation which the general practitioner of medicine can give. The writer would also like to ask for the cooperation of the press. The daily as well as the weekly newspaper is one of the most potent factors for disseminating information and moulding of public opinion which are very essential to the success of any organization of this kind.

The Chief Executive of the State is much interested in continuing and further building up good health in Florida and it is hoped that all members of the State Board of Health staff will join in to a successful outcome of this aim.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE
MONTH OF AUGUST 1929

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|---------------------------------------|--------------|-------------|------------|-------------|-------------|--------------|
| Animal Parasites | 674 | 641 | 14 | 245 | 84 | 1658 |
| Diphtheria | 702 | 113 | 7 | 104 | 2 | 928 |
| Typhoid | 570 | 165 | 53 | 80 | 89 | 957 |
| Malaria | 663 | 235 | 57 | 20 | 169 | 1144 |
| Rabies | 32 | 6 | | 1 | | 39 |
| Tuberculosis | 171 | 62 | 13 | 34 | 7 | 287 |
| Gonorrhea | 372 | 264 | 17 | 103 | 12 | 768 |
| Kahn Reaction | 3132 | 820 | | 346 | | 4298 |
| Water: Count | | 46 | | 122 | 1 | 169 |
| Water: Colon | | | | 159 | 1 | 160 |
| Milk: Bacterial Exam | 59 | 46 | 71 | 228 | 1 | 405 |
| Milk: Chemical Exam | 65 | 46 | 71 | 81 | 1 | 264 |
| Miscellaneous | 242 | 48 | 30 | 47 | 3 | 370 |
| | <u>6682</u> | <u>2492</u> | <u>333</u> | <u>1570</u> | <u>370</u> | <u>11447</u> |
| Specimen Containers Distributed | | | | | | 10,563 |

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|-------------------------------|--------------|------------------|
| Diphtheria Antitoxin | 10,000 Units | 190 Packages |
| | 5,000 Units | 28 Packages |
| Toxin Antitoxin | | 3832 C. C. |
| Schick | | 1050 Tests |
| Tetanus Antitoxin | 20,000 Units | 8 Packages |
| | 10,000 Units | 24 Packages |
| | 1,500 Units | 907 Packages |
| Anaerobic Virus | 100's | 4 Packages |
| | 10's | 22 Packages |
| Typhoid Vaccine | | 211 Treatments |
| Vaccine Virus | | 1663 Capillaries |
| Antirabic Virus | | 53 Treatments |
| Antimeningococcus Serum | | 7 Cylinders |
| Carbon Tetrachloride | | 2103 Capsules |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLA.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

HOW MUCH HOOKWORM?

Hookworm disease is not nearly so prevalent in Florida as it used to be. We still have it with us although it is easy to cure and easy to prevent. No child or adult can have all the joy of living or reach the height of attainment he deserves if he has a hookworm handicap. If everyone would do his part Florida would be free of hookworms in less than six months and it would be worth millions to the state. The hookworm is easier to combat and more harmful than the fruit fly. It attacks not oranges but children—a crop we cannot barter for cash, so we just “can’t be bothered” even with the small task of sanitation and taking capsules in order that we might be free of the parasite.

GOING TO THE FAIR

The county fair is an established and popular institution. Many are its benefits both to visitor and exhibitor and much is to be learned by attending. Public health exhibits of distinct merit are often prepared. They get their share of attention and may well be used to teach some health lesson to a class of people not easily reached by other educational measures.

Precautions for Fair Visitors

There are just a few things we should always remember, particularly if we take the children into the crowd at the county fair.

The whistles, horns, balloons and other contraptions that go into the vendor's mouth, then into that of your child may be the means of transmitting dangerous disease germs.

The common drinking cup, an abomination at all times is particularly to be shunned at these places. The vendors of pink lemonade and soda pop are never too exact in the technique of cleansing their glasses before refilling.

Many of the foods (so called) and drinks exposed for sale are likewise exposed for contamination with dust and with dirt from the hands of careless salespeople and buyers. If only bottle and package goods are consumed certain hazards will be avoided.

We often see children at the fair munching irregularly and without restraint on things that would not be allowed at home—things that are really unfit for children to eat.

It is really surprising that more children are not ill with communicable diseases and disorders of the stomach and bowels after the fair. The whole family, except the baby may profit by spending a day at the fair but the extreme fatigue that results from staying too long detracts much from the benefits. Too often we see the weary family milling around in the crowd, the mother with a sleeping child on her shoulder, the father literally dragging two others, and all so dead tired they can no longer get enjoyment or profit from the fair.

So let us go to the fair, take the children, buy safe toys and foods for them and then get home for that delightful and refreshing sleep that restores strength and vigor for new adventure and new achievement.

BUREAU OF COMMUNICABLE DISEASES

Venereal Diseases

It is not the purpose of this article to regulate morals or prohibit innocent amusements but so many cases of gonorrhea and syphilis have been traced to immoral women who follow the carnivals and lewd shows, that a warning, especially to young men seems timely. The serious results of the venereal diseases are wisely kept from public view but that very policy deprives our young people of knowledge they should have.

The following bulletins dealing with this subject can be had from the State Board of Health for the asking:

For Boys
For Women

For Girls
For Parents

For Men
For Teachers

—:—

Immunization of school children against diphtheria is good, but real inroads against the disease can be made only by immunizing children of five years and under.

—:—

Dr. R. C. Strode, District Medical Officer, in the East Coast District since September 15th, 1928, has resigned.

Dr. C. W. McDonald of Lafayette, Alabama, formerly County Health Officer of Chambers County, has been appointed to assume the duties of District Medical Officer on September 1st and is living at DeFuniak Springs.

Dr. W. A. Claxton who, from time to time has been connected with the State Board of Health has returned to serve as District Medical Officer in the lower East Coast District. His headquarters are at Melbourne.

—:—

Second Prophecy for YOU

1. When YOUR child has diphtheria, YOU will wring your hands and say, "Why did we not accept the protection offered by the Board of Health in the form of T-A (toxin-antitoxin.)"
2. When neighbor Smith's child has diphtheria, YOU will notify the Health Officer and demand that the Smiths be quarantined and placarded (but if your family is immunized you need not be so concerned about the neighbors spreading the disease to your household.)
3. When YOUR community has been immunized to diphtheria by the Health Officer and the local physicians, the needless suffering and loss of life from that disease will cease.

P. S. T-A should be given to children before they are one year old, most certainly before they start to school.

(Watch for the last prophecy next month)

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

SQUARE PEGS IN ROUND HOLES

During the past summer it was the privilege of the writer to visit and talk with Directors of many nursing organizations and various nursing services, and almost invariably before the conversation would be ended, something would be said about the inability of the Director in question to find suitable nurses for the task in hand.

From the very splendid book from the pen of Dr. May Ayres Burgess, called "Nurses, Patients, and Pocket Books," one may gather a volume of knowledge regarding almost every type of work done by nurses in the United States, and at the International Council of Nurses at Montreal, the sessions on rural nursing were attended and taken part in by delegates from all the forty countries represented. Much emphasis has been placed on certain phases of nursing procedure where discrepancies appear to exist. I have yet to find in any school in which Public Health Nurses are trained, a curriculum in which rural nursing is emphasized. I think perhaps the difficulty lies in the interpretation of the word "rural".

The writer has for a number of years directed the efforts of nurses doing rural work, and the problem of finding properly qualified nurses, has been a difficult one.

The dictionary gives us the definition of rural as, "pertaining to, or like the country, or country life." According to this definition one would consider a knowledge of country life and country people necessary in the training of a nurse for work in rural sections.

Let us consider some of the phases of country life with which the nurse must be fully conversant if she is to do good work. First of all their mode of living. Although country people work longer hours for the most part than the city dweller, their work is done in a more leisurely fashion. Country people are accustomed to slow thinking, they have greater patience because they are accustomed to waiting for results, as in the growing of crops.

The matter of birth and death on the farm, is a familiar one, and the rearing of a family is looked upon as a matter of course.

The tiller of the soil was the first pioneer, and in many ways country dwellers are still pioneers. They are not so accustomed to interference with their plans or suggestions regarding changes that might be beneficial, and therefore are more difficult of approach than the city dweller, who lives a narrower life in many respects.

In the matter of sanitation, the same thing applies.

Regarding the dietary of the country people, in great measure it is limited to the products of their own farms, and while the city dweller thinks of a farm as a place where all green things grow, it does not always follow that the vegetables and fruits necessary in the properly balanced diet are raised, or even if raised, are always eaten by the people who raise them. Milk in many instances is produced on the farms, but because it brings a good price, is sold and the children on those same farms for various reasons are deprived of it.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Many times rural people, when compared with the city dweller, appear silent and uninteresting, but it is surprising how the nurse with knowledge and intelligent understanding of people, can bring out those same silent people and achieve remarkable results along lines of health and sanitation.

This all brings out the fact that the nurses need broader training for rural work than they have had up to the present time. They should know what farm life means, and not only from an hour or two hours visit to a large farm where there is every modern improvement and convenience, but they should be familiar with the small farm, its products, and the habits of living of the families.

The nurse should know something of the various crops that are raised in the county in which she plans to work, and she should carry her knowledge to her job, and not experiment with people and conditions after she has accepted a position.

The successful rural nurse is the one who can interpret to illiterate people (because unfortunately we have most illiterates in the rural districts) in A B C English, the lessons of health and better living that will bring results if properly given.

The matter of work, in number of visits made, can not be considered in rural nursing. Aside from the fact that it may mean a long trip over bad roads to get to the home to be visited, we must again remember that country people do not hurry, and the nurse who hopes to make a short visit, get her information over to the mother, or father, or both, and get away to another place quickly, has failed before she has started. Much depends on the first visit which should be leisurely and serve merely as an introduction. A general conversation directed along the lines of life in that particular part of the country, will give the nurse information she needs, and if properly directed, should leave a desire for more information in the home or with the family.

We can not afford to be too critical of conditions. Instead of letting it be known by word or look that one is surprised and rather disappointed that no toilet is found, or an open well being the water supply, it is very much more to the point to explain how the septic tank and the closed well make living safer and disease less prevalent. Praise wherever you can. Try to carry some beauty into each home you visit. I know a successful rural nurse who always had a package of flower seed "left over," she would say. These seeds often opened otherwise tightly locked doors for her.

The rural nurse should have a knowledge of forms of recreation, appropriate and beneficial for all the family, not necessarily physical.

In fact, the rural nurse to be successful, must along with her professional knowledge, have such a fund of information and understanding of country life and country folk that she can fit a health program into their daily living and make it work. It calls for perseverance and patience and an understanding heart and enough years and experience on her shoulders that the nurse will have had some person-

CHILD HYGIENE AND PUBLIC HEALTH NURSING

al knowledge of life and people and things which will help her to arrive at sane conclusions and sound judgment.

The field of rural nursing is not the place for the young inexperienced nurse, neither is it the place for the nurse who has reached the time of life when she is looking for something easy, but to the educated experienced nurse who can look at failures and difficulties as only something to be overcome, and can plan ways and means of developing healthful, well-ordered homes, and schools and playgrounds in the rural sections of the state, there is a field rich in promise that will pay her in the knowledge of accomplishment, satisfying dividends.

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

TOPICS OF THE DAY

With the advent of the "R" months many of our restaurants are advertising oysters on their menu. And with the oyster season comes the added duty to the Engineering Bureau to check and inspect the principal sources of commercial oystering in the state. For several years now this work has been carried on largely at the oyster center of Florida—Apalachicola. Here is our largest growing area and our greatest distributing point. Last year our inspection was extended to the Cedar Key-Crystal River area and to the Fernandina-Port Orange sections on the east coast. Already several Crystal River and Apalachicola producers have been in touch with this office regarding our rules and regulations. More and more cities are adopting our standard shell fish ordinance and such agencies as the Southern Fisheries' Association and the State Shellfish Commission are working with us to safeguard this most wholesome natural product of Florida.

Our rules are not extensive. They are just and workable, and devised to insure the consumer that he is eating a product which has been taken from growing areas free from pollution, and which has been stored, shucked and packed in a cleanly manner. To assure the public that the oysters are safe, we utilize a certificate permit system and the Florida oysters which have our approval will be found in metal containers bearing the code number of the approved packer—thus FLA-500, will mean that the oysters therein came from John Smith's shucking house at Port Dixie and that John Smith has agreed to take the shell oysters only from certain approved areas. So look for the code number on the cans!! A list of the approved plants will be published in the November Health Notes. By arrangement with the U. S. Public Health Service, oysters produced and packed in other states are also so marked and can be easily traced to their source.

Be safe—Buy your oysters from a reputable dealer.

While on the subject of oysters, let us warn you against buying or eating oysters from roadside shucking stands which "shuck 'em while you wait." They may be getting these oysters from sewage contami-

BUREAU OF ENGINEERING

nated waters or may be storing them in filthy water nearby. A nice juicy "fat" oyster may have been "plumped" near a sewer or open privy. Safety first—buy your oysters from a reputable dealer. Pass up the roadside stands as you would a hitch hiker.

—:—
Camps—automobile camps—tourist camps—our problem arises anew with the coming season. Our district sanitary officers are requesting information as to camps: "When do we start our camp program?" The answer has gone out: "Now—Get busy on the camps. Get in touch with the owners and operators and enforce the law of the 1927 Legislature to the letter." Florida has long been in the foremost ranks of camp sanitation; in fact, we believe we were the first to recognize this problem and attack it. The problem became acute with us during the 1925-26 winter season and we successfully met it then. No camps will be allowed to operate this year unless they fully meet the requirements which are in reality only the requirements of good sanitation. The site must be dry and well drained. Water supply must be of safe sanitary quality and under pressure. Flush toilets must be provided and kept in perfect running order; shower baths must be provided. Garbage pails shall be available for wastes and a camp attendant shall be on duty at all times. An office must be kept and the camp site laid out in regular order so that overcrowding will not result. The State Board of Health has a special booklet on camps containing the rules and law and showing how camps can be constructed. This booklet will be sent free to anyone interested in camp sanitation. Many of our camps are now of the so-called "cottage" type and the modern auto camper no longer needs to carry his tent along. Shelters for the cars are now often provided so that repair work can be carried on at any time.

In Florida, roadside camping is not permitted and there are no state parks or state camping places. Therefore, the camps are operated either by individuals or municipalities. Tourists will find our approved list of certified camps, issued on January first, very desirable if they care to auto camp about the state. Chambers of Commerce and automobile clubs all have these lists. Corrections are issued monthly in mimeographed form. We urge the auto camping tourist in Florida to patronize the places that protect public health—the certified camps.

—:—
Many of our friends in the state know how the Bureau operates but some no doubt would be glad to know the representatives of the Bureau in the territory where they live. To afford the citizenry of Florida the best returns for their taxes for public health ($\frac{1}{2}$ mill in 1929) the state is divided for sanitary work, into seven districts with a man in each district centrally located. His duty is to get closely in touch with sanitation problems in his area and to carry out the program of the Bureau. We have one assistant engineer whose headquarters is Tampa to cover the lower part of the state. In 1927, we had our assistant engineer on the lower east coast but had to cut him off when our millage was cut. Therefore, Mr. Lamoureux is detailed to cover the

BUREAU OF ENGINEERING

southern portion of the state while the writer covers the northern and western areas. Our district sanitary officers' addresses and territory covered are as follows:

Jacksonville—Box 4479. Phone 5-2016. Hamilton, Suwannee, Columbia, Union, Bradford, Baker, Nassau, Duval, Clay, St. Johns, Putnam, Flagler.

Orlando—Box 514. Phone 3887. Volusia, Seminole, Orange, Lake (east and southeastern part including Eustis, Tavares, Clermont, Howey and Groveland), Osceola, Brevard, St. Lucie, Okeechobee, cities of Stuart and Indiantown in Martin County.

Miami—Box 4026, Station A. Phone 2-6411. Martin (except Stuart and Indiantown), Palm Beach, Broward, Dade and Monroe.

Punta Gorda—Box 883. Phone 201-M. Collier, Hendry, Lee, Glades, Highlands, Hardee, DeSoto, Charlotte, Sarasota and Manatee.

Tampa—Box 3431. Phone 3-013. Pinellas, Pasco, Polk and Hillsboro.

Ocala—Box 200. Phone 508-Black. Lafayette, Dixie, Alachua, Levy, Marion, Citrus, Hernando, Sumter, Lake (western part including Leesburg.)

Tallahassee—Box 118. Phone 531. Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Liberty, Gadsden, Leon, Wakulla, Franklin, Jefferson, Madison, Taylor.

Communicate direct with your nearest representative for assistance.

—;—

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

AGE GROUP, 15 TO 19



The most important causes of death at different age periods should be considered when planning measures to reduce the mortality from preventable diseases. In order to keep activities in proportion to the number of lives saved, administrators should have definite information as to the proportion of individuals affected in the different age groups. Last month, the ten leading causes of death in age group 20 to 59 were studied. This month particular attention is called to the leading causes of death affecting individuals in the ages 15 to 19, inclusive. The graphs on the following pages show a picture of the proportion of deaths in this group from the ten leading causes, by color and by sex.

As noted in last month's article, as the mode of living changes, a relative variance is noticed in the frequency of certain causes of

BUREAU OF VITAL STATISTICS

death. Among the male white population of this age group, 15 to 19, we find last year the leading cause to be automobile accidents by a wide margin, showing 10% of the deaths in this group from this cause as compared with 7% from accidental drowning which was next. In 1923, the same two causes lead but in 1919, a very unusual difference is noted. There was not a single death from automobile accidents in this age group for the calendar year 1919; thus a very important change takes place in the relation of one cause to another during the past decade. Last year, homicides stood sixth place with 4.89% of the deaths from this cause while in 1919 and in 1923, there was not a single death recorded from homicide in the age group studied here.

Among the female whites, deaths from puerperal state lead by a wide margin. Last year, three times as many deaths were reported from the puerperal state as from the next leading cause in the age group 15 to 19. Other important causes in this group are pneumonia, tuberculosis, malaria and typhoid fever.

Among the colored, both male and female, in age group 15 to 19, there is a noticeable difference in the percentage of deaths from certain causes. The leading cause among the colored males is tuberculosis and the same cause leads for colored females. Second for the colored males is accidental drowning, while for the colored females it is the puerperal state.

HEALTHFUL HABITS MEAN GOOD LOOKS

Girls can be persuaded to adopt health habits by the good looks appeal more effectively than by any other argument, declares Theresa Dansdill, North Carolina tuberculosis worker, in an article in the September issue of Hygeia.

Laboratory research proves that milk, fruits and fresh vegetables, especially green ones, help to give a clear skin, glossy hair and prettier nails. Restful sleep and relaxation noticeably improve the appearance. Neurologists tell us without reservation that the nerve strain coming from too little sleep, inadequate food and other bad health habits help to make a muddy skin, shaggy hair and dull eyes.

Just as soon as girls can be led to see that their skin, hair, eyes and disposition are finer when they are near their normal weight, they will eat the right foods and sleep long hours cheerfully, Miss Dansdill has found.

NEW LOCAL REGISTRARS APPOINTED

- 51-127 Mrs. J. P. Kennington, Red Bay.
60-01 Dr. John R. Scully, Box 1447, Sarasota.
64-02 Mrs. I. P. Philpot, Bell.

BUREAU OF VITAL STATISTICS

Leading Causes of Death in Age Group 15-19
White Population—1928

TOTAL WHITE

MALE

FEMALE

| | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| Puerperal State - 12 % | Automobile Accidents - 10 % | Puerperal State - 26 % |
| Automobile Accidents - 7 % | Accidental Drowning - 7 % | |
| Pneumonia - 7 % (All Forms) | Appendicitis - 7 % | |
| Appendicitis - 5 % | Influenza - 6 % (All Forms) | |
| Tuberculosis - 5 % (All Forms) | Typhoid Fever - 6 % | Pneumonia - 9 % (All Forms) |
| Typhoid Fever - 5 % | Homicides - 5 % | Malaria - 6 % |
| Influenza - 5 % (All Forms) | Pneumonia - 5 % (All Forms) | Tuberculosis - 6 % (All Forms) |
| Malaria - 5 % | Tuberculosis - 4 % (All Forms) | Typhoid Fever - 5 % |
| Accidental Drowning - 4 % | Malaria - 3 % | Influenza - 4 % (All Forms) |
| Homicides - 3 % | Other External Violences - 3 % | Appendicitis - 3 % |
| | | Chronic Nephritis - 3 % |
| | | Diabetes - 3 % |
| | | Suicides - 3 % |

BUREAU OF VITAL STATISTICS

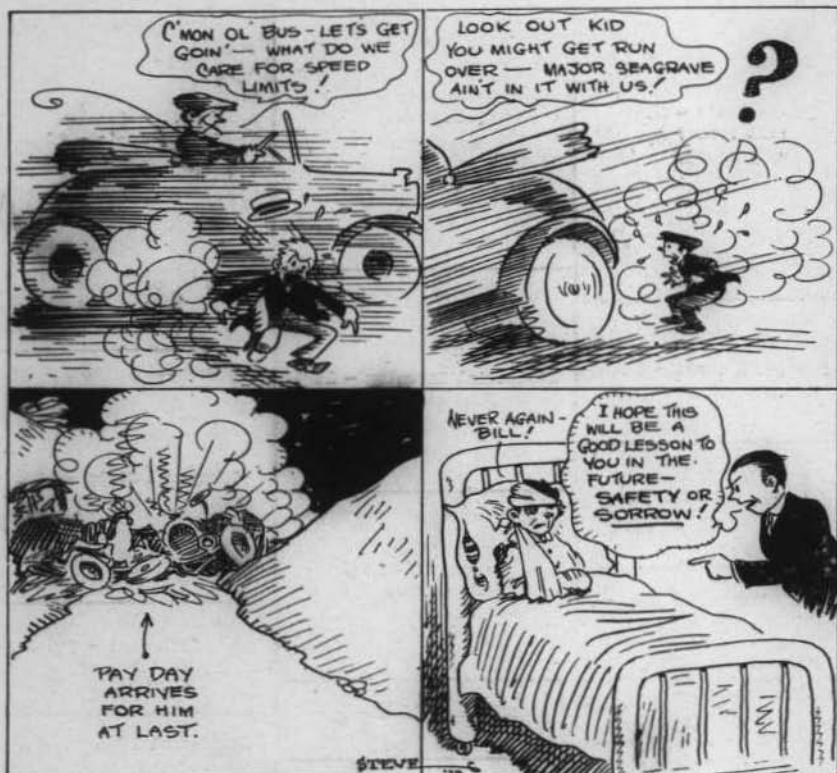
Leading Causes of Death in Age Group 15-19
Colored Population—1928

TOTAL COLORED

MALE

FEMALE

| | | |
|------------------------------------|------------------------------------|------------------------------------|
| Tuberculosis - 22 % (All Forms) | Tuberculosis - 20 % (All Forms) | Tuberculosis - 25 % (All Forms) |
| Puerperal State - 9 % | Accidental Drowning - 14 % | Puerperal State - 16 % |
| Accidental Drowning - 8 % | Pneumonia - 12 % (All Forms) | Influenza - 7 % (All Forms) |
| Pneumonia - 7 % (All Forms) | Appendicitis - 5 % | Accidental Drowning - 4 % |
| Influenza - 4 % (All Forms) | Homicides - 4 % | Malaria - 4 % |
| Malaria - 3 % | Automobile Accidents - 3 % | Pellagra - 4 % |
| Pellagra - 3 % | Epilepsy - 2 % | Syphilis - 4 % |
| Homicides - 3 % | Malaria - 2 % | Diseases of the Heart - 4 % |
| Diseases of the Heart - 3 % | Other External Violences - 2 % | Chronic Nephritis - 2 % |
| Appendicitis - 2 % | Pellagra - 2 % | Homicides - 2 % |
| | | |



FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

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No. 11

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

AN AVERAGE DAY — *Reid*

QUIT IMMUNIZING? — *Brink*

AGE GROUP, ²⁰~~15~~ to ²⁴~~19~~, Inc. — *Thompson*

NATIONAL MALARIA COMMITTEE — *Filby*

TO MY WAITER (CONFIDENTIAL) — *Hanson*

HENRY HANSON, M. D., STATE HEALTH OFFICER

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Henry Hanson, M. D.

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*Field Supervisor

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

Personal and Confidential. Not to be read outside of the High and Exalted Order of O. S. T. Waiters.

To My Waiter—A Hotel on the O. S. T.
Between Tallahassee and Jacksonville.

Dear Frank:

The dime I left on the table for you the other day did not convey all my appreciation of your services, as item by item you brought me my luncheon, and as drop by drop the icy moisture from your chilled nubian hands added to the aqueous beverage which you brought for my libation and I want this opportunity to expostulate more extensively on the proclivities of your trade.

First, my attention and a certain species of admiration went forth as I observed the dexterity with which you with your bare hands skimmed pieces of ice out of the ice water basin and transferred same to my glass, holding hand in such manner that very little of the fluid was wasted. I wondered then, how many times during the preceding meal hour you had been obliged to plunge that ethiopian hand amongst the ice floes in other travellers' drinking water.

I noted that your hands were dripping and the skin wrinkled with cold as you brought my aqueous fluid and that even when you arrived with my vegetable soup your manual appendages were scarcely dry; but inasmuch as I noticed neither rice nor tomato on them I concluded that it, the iced drinking water, had not yet entirely evaporated from your chilled dusky integument and that you had not been obliged to stick your thumb in the soup. Frankly, the aforementioned observations caused me to ponder, first over you and, next, of other thirsty travellers, old and young, who at some distant future date might meet you in the warmer land, where water is scarce, and look in vain for the cool fluid bounties flowing so magnanimously from your hands in your cool nook on The O. S. T.

There is a special type of excellence in your service. I wondered if you had ever been chilled into pneumonia by so frequently being obliged to plunge your dark-hued, unprotected hands into the icy drinking water which many parched travelers have clamored for. There is a risk in this which you would do well to cogitate.

Now while my cranial cavity was caving with the aforementioned consternation the finicky philosopher offered advice for your edifying consummation as follows:

Never baptize (in the Baptist Creed) your hands in the ice water unless you are serving it for soup.

Never put your thumb, finger or any part of your hand in the milk, tea, coffee or soup unless the liquid, or liquids, is or are boiling hot.

The overlying theory in the finicky philosopher's mental agitation is that you may unknowingly or otherwise be extending hospitality

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to various and sundry typhoid germs, tubercle bacilli and such ilk german to the germ family.

Now, Frank, I must close, but I would exhort you to admonish the high and exalted order of O. S. T. Waiters not to digitate their digitals in the ice water or soup unless it be genuinely and truly boiling hot.

Yours with best wishes,

From a

Finicky Sanitarian.

P. S.—In your reply start with the 38th Chapter of Job, 2nd Verse.
F. S.

—:—

MALARIA

Even at this day persons are met who believe malaria to be what the name indicates: bad air. To sustain the contention they tell you that people living on the leeward of a swamp will have chills and fever while those on the windward will not. At times the incidence of illness appears to bear this out and one needs to give a little careful thought to the sequence of events to clear the misconceptions formed on the basis of incomplete knowledge. While we do not know all that there is to be known of malaria yet, we know of some of the essential points of how to keep from contracting the disease, or if we do contract it how it can be cured.

It is an old disease: Colonel Craig dates it back to the time of Hippocrates (406-377 B. C.) but it was not until 1880 that the parasite was first discovered by a French army surgeon, Laveran, stationed on that bleak looking, north coast of Africa, at Algiers.

Sir Ronald Ross was first to show, 1897, the role of the mosquito as the intermediate host and an Italian doctor by name of Grassi confirmed these experiments and further proved that all varieties of malaria were carried from man to man by the mosquito of the genus *Anopheles*. With this brief historical allusion we can pass on to modern times and problems and begin a series of practical discussions of what we can do to protect ourselves, and toward a state-wide control of this disease which is so seriously interfering with the work of the farmers of tropical and subtropical countries.

Next month, I will tell you why you should take 5 grains of quinine every evening at supper time—with your meal—until the frost comes. Start Today.

—:—

A. P. H. A. MEETING

The meeting of the American Public Health Association at Minneapolis was attended by Drs. Hanson, Brink, Thompson, and Mr. Filby of the State Board of Health, also Dr. Upchurch and Mr. Parker of the City Health Department. Some of us left under some apprehension due to the hurricane warnings. This apprehension was in no way due to any feeling that the emergency would not be adequately

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met. On this point we were quite at ease but feared there might be some misunderstanding from the public if we left the state at such a time. The field forces were well and definitely organized with Dr. Claxton, Field Medical Officer for the East Coast District representing the State Health Officer and as the commanding officer of the State Board of Health forces if an emergency should arise. Mrs. Reid and Mr. Lamoureux were on the ground directing the activities of their respective Bureaus. Biologics and other supplies were on hand in sufficient quantities to meet any emergency. Fortunately, aside from a little excessive water in some places, there was no health problem to be met.

Knowing the home situation to be well cared for at all events, we gave our time to the scientific work of the Public Health Association where all enjoyed the hospitality and the friendly contacts with Dr. Chesley, the State Health Officer, and his co-workers in Minneapolis and Minnesota. The contact with co-workers and old friends with exchange of ideas and experiences makes these meetings eminently worthwhile and one comes back to one's own job in the state better prepared for carrying on the work for the coming year.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

SHALL THE STATE BOARD OF HEALTH QUIT IMMUNIZING?

This is the fifth school year during which the State Board of Health has done intensive immunization work. Thousands of children have been given protection from typhoid, diphtheria and small-pox. Many lives have been saved and much sickness prevented. The medical profession generally has approved and cooperated. As a demonstration also the work has been a success. No serious harm from any of the inoculations has been reported. Children have complained but little about the needles or the reactions and the protection has been self-evident.

The time has now come to consider whether more could be accomplished if the State Board of Health should discontinue this activity and rely on the physicians to carry on the work, making them and the parents of children responsible, largely, for getting together and attending to the protection of the younger children.

Nearly 30,000 babies are born in Florida each year. When the parents and the physicians who attend these births discharge their full duty to the babes, the death rate from diphtheria will drop almost to zero.

Will doctors do their part? Will the parents do theirs? Will it be wise for the State Board of Health to turn the job over at the end of this school year, continue and extend the educational activities along this line and continue to furnish biologics? In answer to this question, an expression from all interested persons is desired.

Such a change of policy would give the District Medical Officers more time for promoting local health activities, studying the health needs of their districts and devising the methods best to supply those needs.

BUREAU OF COMMUNICABLE DISEASES

HOW MUCH WEALTH IS HEALTH?

The cash value of human life has been variously estimated at \$3000.00 to \$5000.00. Taking the lower figure, and you rarely find one willing to place so low a value on his own life or that of a loved one, the loss to Florida in 1926 from diphtheria alone would amount to \$369,000.00. That sum is greater than the entire State Board of Health appropriation for any year since its inception. During that same year 1,224 cases of diphtheria were reported to the State Board of Health. It is unlikely that the average cost of these was less than \$100.00. This cost would include antitoxin, doctors' fees, drugs, nursing attendance, loss of time and burial cost of the 123 who died. The total cost of diphtheria sickness for the cases reported would amount to \$122,400.00.

During the two year period 1925-1926 there were 228 diphtheria deaths in Florida and during the two years 1927-1928 there were but 162. The saving of these 66 lives at \$3000.00 each amounts to almost six times the 1929 budget of the Communicable Disease Bureau.

Since 1925 toxin-antitoxin has been administered to thousands of Florida children by Field Medical Officers, local physicians and, though other factors have doubtless influenced the diphtheria sickness and death rate one way or the other, there can be no doubt that the immunization of such a large number has saved many lives. Moreover, the effect of this work should be apparent in the reports for several years to come.

Time and space permitting, the actual cash value of good health and the cost of sickness and death from other preventable diseases might profitably be discussed. There can be no doubt the present state of actual opulence in this country is due largely to freedom from pestilence.

The doctor and the health department can go only so far in the promotion of individual health. The individual must do his share to keep well. Many are now in poverty on account of sickness from typhoid, hookworm disease, malaria and other communicable diseases as well as from various forms of sickness brought on by excesses of various kinds. All these are preventable. To be healthy and wealthy one should be wise in the care of his own health.

THIRD (And Last) PROPHECY FOR YOU

1. When YOUR wife gets typhoid, YOU will see that she has all the care that money can buy.
 2. If neighbor Smith's wife gets typhoid, YOU will be a loser in some manner YOU may little suspect.
 3. If everyone in YOUR neighborhood takes the preventive inoculations the interruptions in community life, the great economic losses and the mourning for loved ones who have died from typhoid will cease.
- P. S.—Three injections will protect anyone from typhoid for two years or more. Sanitary care should be continued.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****NATIONAL MALARIA COMMITTEE MEETING**

The National Malaria Committee will hold its annual meeting simultaneously with the Southern Medical Association Convention in Miami, November 19th-22nd, and we who are interested in mosquito control will have a rare opportunity of listening to men from all over the country who are working at a solution of this problem of the South. Scientists and research workers will be there to present their studies, physicians from the lumber companies and malarious sections will present their findings and the men engaged in actual control work will detail their problems and field observations. We are indeed proud to welcome all the members of the National Malaria Committee and trust that our physicians from that section of the state where malaria is a problem will meet with the committee. Such men as Dr. C. C. Bass of New Orleans, Dr. T. H. D. Griffiths of Albany, Georgia, Dr. W. V. King of Mound, Louisiana and J. A. LePrince of Memphis will be present.

Florida has certain sections in which malaria is a problem and in some counties a very serious problem. A glance at our deaths and death rates from malaria over the past few years will indicate that we, as public health workers, have been "up against" a disease that has resisted our efforts to lessen its toll of life and happiness of our citizenry.

The lowest number of deaths since 1923 occurred in 1927, which many Floridians remember as the "dry year." During that year many of our lakes and ponds dried up completely—our woods swamps were dry and some of our artesian water supplies were seriously impaired. From an average of about 52 inches of rainfall per annum, we dropped to 40.71 inches in 1927. Last year we know as a "wet" year—in fact, many new lakes suddenly appeared in places that for years had been dry bottom lands. Railroad and highway traffic were seriously disrupted in many places, especially between Live Oak and Lake City. All our ponds were full of water and our vertical drainage to the cavernous limestone below was almost nil. From 40.71 inches in 1927 we passed through our average of 52 and had 60.12 inches—nearly a 50% increase over the previous year and 15 percent above the normal. Our malaria deaths went from 208 in 1927 to 388 last year, an increase of 86 per cent. So far this year we have had 39.43 inches of rain through August, an excess of 2.05 inches over the normal for that period. September with its gales and heavy rains has not been included but indications are that we will have another "wet" year.

With many persons infected in 1928 available as parasite hosts and a large *Anopheles quad.* population this fall we fear a result similar to last year. But any county that desires can organize under the anti-mosquito law, passed by the last legislature, and can protect

BUREAU OF ENGINEERING

absolutely the larger centers of population by drainage, dusting with paris green or following other established methods. The cost would be very little and the returns in better labor, healthier people, etc., quite satisfactory.

Malaria is the problem that many of our counties—especially those west of the Suwannee River and East of the Choctawhatchee River—must meet if they are to prosper and grow as they should. Malaria can be eliminated from our urban areas and in our rural sections it can be controlled by screening and medication.

—:—

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

AN AVERAGE DAY

Friday evening, my trusty companion, Sandy IV, very dirty and rather disreputable looking, has just been parked for the night after a long field trip that has covered several counties of interesting Florida territory. After a bath, clean clothes, a dinner at my own table, and the quiet of a comfortable room, I can in retrospect see the long trip and try to envision just what the results of it will be.

It does one good to get out in the fresh air at this time of the year when the trees begin to put on their colorful fall dresses. At this season in Florida, the golden-rod, wild aster, and brown-eyed Susans are a riot of bloom along the roads and we are glad for the lower temperature and cooler days. But these trips, like life, are not all sunshine and flowers but are interspersed with sudden storms, bad roads to be traversed, with an occasional blowout when one must be one's own mechanic, lonely woods roads to be covered, with sometimes disappointments and sometimes a satisfactory piece of work at the end.

Early morning, with an opal tinted sky, a cool breeze, and the birds singing their glad morning song, gives me a fine start along the highway. Sandy works smoothly in the early morning. The first stop was made where there was a request for assistance in planning the year's program for the public health nurse who was the first to be employed in that county. Unfortunately, lay people do not always take into consideration the number of hours in a work day and in their joy at having gotten their nurse, they jump to the conclusion that all the things for which they have longed, such as corrective work for school children, the home care of the tuberculous case, the crippled child whose parents could not be induced to have it taken to a hospital, these and many other problems they see solved by this nurse who has come to smooth all the rough places in the community. One must be most tactful in handling such a situation, since we cannot afford to dampen their ardor or enthusiasm but must try very carefully to have them see the need for a very conservative program in order that the education of the general public may keep pace with the nurse's work.

The public health nurse who is to work alone in a county is wise to have on her committee at least one member assigned by

CHILD HYGIENE AND PUBLIC HEALTH NURSING

the county medical association so that she may have their understanding, advice, and support in her work.

A meeting of the committee had been called and the question of a program was taken up. Suggestions were made by each and duly considered by all, a short talk given during which the committee and the nurse were given information regarding the State Board of Health and the service it is prepared to give to each county. A tentative program was planned, and the announcement of an evening party to be given by one of the committee members at which the nurse would be introduced, ended the general conference. This was followed by a quiet little talk with the nurse, in which ethics and methods of procedure were touched on as well as some information regarding the county.

This had been a particularly difficult county to reach and with a well-trained public health nurse employed and the program planned, it was with a happy heart that I turned Sandy down a woods road to my next appointment. This time it was at a country church in a clearing surrounded by tall, long leaf pines from whose tall straight trunks one gathers strength. Here, one of the State staff nurses was conducting a midwives' class. At the nurse's request, an inspection was made of the midwives' equipment bags which were found to be clean and complete. An instructive talk was made to the midwives, followed by a conference with the nurse; then because they know how I appreciate it, the singing of an old negro spiritual, and again Sandy purrs contentedly along the road.

The next stop was at a little way-side stand where lunch was eaten, during which all the children were brought to be shown to the "State Board of Health lady". Here was one of the many opportunities for a little missionary work and let us hope that the family physician and the dentist will be visited as per suggestion, that the baby will be fed at regular intervals instead of "just whenever it cries", that the pile of tin cans at the back of the little house will be removed, windows screened, and proper toilet facilities be provided as suggested in literature taken from the back of the car.

Next came a five minutes' conversation on the road with some children who were on their way home from school. A query or two brought out the fact that a new baby had come to their house and had been given the lovely name of Mary Rose. Since Mary Rose's mother lived off the beaten track, a note was made so that literature would reach her in due time, giving her valuable information regarding the care of herself and her baby. The objective this particular afternoon was a mother's meeting in the home of one of the mothers. The nurse had already arrived and the meeting had begun. Again it gave great pleasure to listen to the many questions asked the nurse about the pre-school child which happened to be the topic for this particular meeting, and it was very evident that this group of mothers was learning that three year old Jane and five year old Robert should not be permitted to eat "just everything as we do", as we are so often told. I longed for an opportunity, could it have been made possible, to transport this little group of mothers so eager

CHILD HYGIENE AND PUBLIC HEALTH NURSING

for information and anxious to put it all into effect, to some of the meetings in the larger towns where there are so many facilities for gaining information and which so often are poorly attended because of the many other attractions. One mother had worked out a plan for the correction of a very bad habit and was glad to pass on the information to the others. Food values and food combinations were discussed. Preparations and cooking processes were taught, and diet sheets for children of various ages distributed.

Leaving the nurse to finish her meeting, we took the road again in a drizzle of rain, fortunately on good road, this time to a woman's club. I wonder if it is generally known how the programs of the average woman's club have changed. There still is, and it is right that there should be, a cultural side to their work, but civic and health problems loom large on the average program at the present time, and where in years past one felt many times that her place on the program was not so much to give information to be used as it was to fill in a period of time, now we must carry definite plans for study and work.

A cup of tea, gratefully received but hastily swallowed, and again the road, this time for my evening objective which was a showing of the health films from our State Board of Health movie truck. The place of the showing was a country church with no lighting system except oil lamps. The dodgers with which we advertise these movie showings must have been well distributed since horses, mules, cars of every make and age brought their quota. Such a hum of excitement, as the children were put in the front seats where they would be sure to see everything. "Unhooking the Hookworm" which is the fine film prepared by the Rockefeller Foundation, two films on oral hygiene, one for children and one for grown-ups, a splendid film which told in interesting story form how tuberculosis is contracted and what to do about it, as well as a film (giving in understandable English to the least educated person), beginning with the care of the baby and carrying the child through the adolescent period, were all shown and explanatory talks made and time given for questions from any who wished to have further information. Community singing and the distribution of literature at the door ended the performance, and the eager thanks of the audience surely repaid one for the work entailed.

The day is over. It has been a very full one. How far-reaching the efforts made will be, we cannot tell. Much educational work is still needed. We are ploughing new ground every day and one's efforts seem too small to bear much fruit, but on the other hand, with a public eager for information, with those who can, willing to help, with well-trained public health nurses giving day by day the best there is in them to the communities in which they serve, with an understanding and cooperative medical profession back of us, let us look forward to a more widely distributed medical service, the employment of more public health nurses, and the education of the general public in matters of health and sanitation which will bring up the standards of living and of happiness for our State.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE
MONTH OF SEPTEMBER, 1929.

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|----------------------------|--------------|-------|-----------|-------|-------------|-------|
| Animal Parasites | 853 | 586 | 94 | 96 | 41 | 1670 |
| Diphtheria | 967 | 234 | 6 | 228 | 9 | 1444 |
| Typhoid | 534 | 143 | 48 | 96 | 31 | 852 |
| Malaria | 506 | 211 | 47 | 28 | 109 | 901 |
| Rabies | 24 | 4 | | 2 | | 30 |
| Tuberculosis | 168 | 83 | 11 | 34 | 8 | 304 |
| Gonorrhea | 410 | 216 | 37 | 105 | 20 | 788 |
| Kahn Reaction | 3232 | 849 | | 393 | | 4474 |
| Water: Count | | 42 | | 165 | 5 | 212 |
| Water: Colon | | | | 212 | 5 | 217 |
| Milk: Bacterial Exam. | 105 | 129 | 36 | 270 | 24 | 564 |
| Milk: Chemical Exam. | 109 | 129 | 36 | 105 | 22 | 401 |
| Miscellaneous | 211 | 23 | 21 | 117 | 10 | 382 |
| | 7119 | 2649 | 336 | 1851 | 284 | 12239 |

Specimen Containers Distributed 11,077

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|------------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 220 Packages |
| | 5,000 units | 41 Packages |
| Toxin Antitoxin..... | | 5,550 C. C. |
| Schick..... | | 2,450 Tests |
| Tetanus Antitoxin..... | 20,000 units | 423 Packages |
| | 10,000 units | 33 Packages |
| | 1,500 units | 1,194 Packages |
| Anaerobic Virus..... | 100 's | 3 Packages |
| | 10 's | 7 Packages |
| Typhoid Vaccine..... | | 3,710 Treatments |
| Vaccine Virus..... | | 2,232 Capillaries |
| Antirabic Virus..... | | 52 Treatments |
| Antimeningococcus Serum..... | | 6 Cylinders |
| Carbon Tetrachloride..... | | 1,450 Capsules |

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED
BY THE ACT OF CONGRESS OF AUGUST 24, 1912.OF FLORIDA HEALTH NOTES published monthly at Jacksonville, Florida for October
1, 1929.

State of Florida

ss.

County of Duval

Before me, a Notary Public, in and for the State and county aforesaid, personally appeared Stewart G. Thompson, D. P. H., who, having been duly sworn according to law, deposes and says that he is the editor of the Florida Health Notes and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 411, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher, Florida State Board of Health, Box 4479, Jacksonville, Fla.

Editor, Stewart G. Thompson, D. P. H., Box 4479, Jacksonville, Fla.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member, must be given.)

Florida State Board of Health, Box 4479, Jacksonville, Fla.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated, by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is: (This information is required from daily publications only.)

Stewart G. Thompson,

Sworn to and subscribed before me this 21st day of October, 1929.

(Seal)

Carl M. Brubaker,
Notary Public for the State of Florida at Large.
My Commission expires August 7, 1932.



America's answer to
humanity's challenge

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

DEATHS—AGE GROUP 20 - 24



The introduction to this study of causes of death in age group 20 to 24 years, inclusive, should be a repetition of that used in our September and October articles dealing with other age periods. The picture presented here is based on the number of deaths from major causes in this specific age group just mentioned and you will note

that it varies materially in some respects. The charts reproduced on the two following pages give a more concise picture than could be presented in the limited space available for description.

The leading cause of death among the white males was automobile accidents with a total of 10% of the deaths. The second disease taking the greatest toll of human life in this group was tuberculosis (all forms) with a total of 10% although one death less than from automobile accidents. Next in order follows pneumonia, suicides, homicides, accidental drowning, etc. Automobile accidents was shown as the leading cause in last month's study of age group 15 - 19. Accidental drowning, however, was second while tuberculosis is shown here. Suicides did not appear in the younger age group although it is shown as fourth among the leading causes of death in the present study.

The leading causes of death among the colored males, you will note, are quite different. Tuberculosis (all forms) is shown to be very much in the lead with a total of 25%. Next in order follows homicides with 13%, pneumonia with 7%, accidental drowning 6% and syphilis, automobile accidents, malaria and typhoid 4% each. This picture changes considerably from that shown in the age group just preceding which is 15 - 19 and studied in the October Health Notes. There we found homicides as only 4% as compared with 13% in this study. Syphilis did not appear at all in the previous study among the ten leading causes of death.

The female white in age group 20 - 24 shows the puerperal state as the leading cause of death with 17%, tuberculosis (all forms) second with 13%, diseases of the heart third with 8% and malaria fourth with 5%. The preceding age group which included ages 15 to 19 shows the leading cause to be the same. Second, however, was pneumonia (all forms) with malaria third and tuberculosis fourth.

The female colored in the present study of ages 20 to 24, inclusive, shows tuberculosis (all forms) as the leading cause of death with 28%, the puerperal state second with 10%, syphilis third with 8% and pneumonia and pellagra tying for fourth place with 6%. Comparing this age group with the group including ages 15 to 19, we find the ten leading causes of death to be the same except that the percentage of deaths among the different causes varies somewhat.

BUREAU OF VITAL STATISTICS

It would, therefore, appear that the causes of death affecting white males from 20 to 24 years, inclusive, would vary from those affecting white males in age group 15 - 19 to a greater extent than among colored females of the two age groups.

The age group just studied includes young men and women of college ages while the previous group covered more of a high school age. It is, therefore, interesting to study the causes of death in connection with the occupation and surroundings of the young people affected.

—:—
Leading Causes of Death in Age Group 20 - 24,
By Sex, White Population—1928

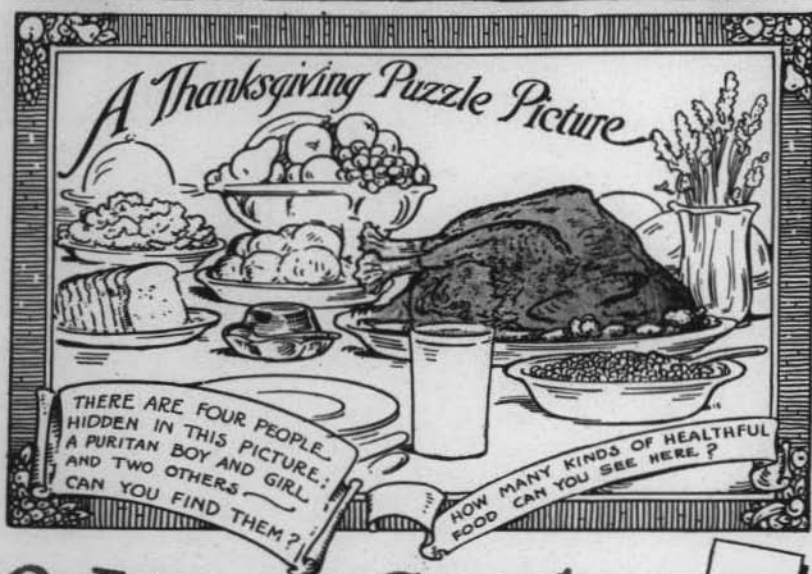
| TOTAL WHITE | MALE | FEMALE |
|------------------------------------|------------------------------------|--|
| Tuberculosis - 12 % (All Forms) | Automobile Accidents - 10 % | Puerperal State - 17 % |
| Puerperal State - 9 % | Tuberculosis - 10 % (All Forms) | |
| Automobile Accidents - 7 % | Pneumonia - 8 % (All Forms) | Tuberculosis - 13 % (All Forms) |
| Pneumonia - 6 % (All Forms) | Suicides - 8 % | Diseases of the Heart - 8 % |
| Suicides - 6 % | Homicides - 6 % | Malaria - 5 % |
| Diseases of the Heart - 5 % | Accidental Drowning - 6 % | Salpingitis and Pelvic Abscess (female) - 5 % |
| Influenza - 4 % (All Forms) | Influenza - 5 % (All Forms) | Influenza - 4 % (All Forms) |
| Accidental Drowning - 4 % | Typhoid Fever - 4 % | Pneumonia - 4 % (All Forms) |
| Homicides - 4 % | Diabetes Mellitus - 3 % | Suicides - 4 % |
| Malaria - 3 % | Railroad Accidents - 3 % | Automobile Accidents - 3 % |
| | | Accidental Drowning - 2 % |

BUREAU OF VITAL STATISTICS

Leading Causes of Death in Age Group 20 - 24,
By Sex, Colored Population—1928

| TOTAL COLORED | MALE | FEMALE |
|------------------------------------|------------------------------------|------------------------------------|
| Tuberculosis - 27 % (All Forms) | Tuberculosis - 25 % (All Forms) | Tuberculosis - 28 % (All Forms) |
| Homicides - 8 % | Homicides - 13 % | Puerperal State - 10 % |
| Pneumonia - 7 % (All Forms) | Pneumonia - 7 % (All Forms) | Syphilis - 8 % |
| Syphilis - 6 % | Accidental Drowning - 6 % | Pneumonia - 6 % (All Forms) |
| Puerperal State - 5 % | Syphilis - 4 % | Pellagra - 6 % |
| Accidental Drowning - 5 % | Automobile Accidents - 4 % | Homicides - 4 % |
| Malaria - 3 % | Diseases of the Heart - 4 % | Accidental Drowning - 3 % |
| Typhoid Fever - 3 % | Malaria - 4 % | Chronic Nephritis - 3 % |
| Diseases of the Heart - 3 % | Typhoid Fever - 4 % | Influenza - 3 % (All Forms) |
| Pellagra - 3 % | Appendicitis - 2 % | Malaria - 3 % |

A PAGE for the CHILDREN



QUEER INKY CREATURES FROM YOUR NAME !!

Here is an easy and amusing way to draw something that is both funny and original. . . . First write a name with a pen quite full of ink in the center of a slip of paper like this. While it is still very wet, fold it in the center towards you like this, then press it firmly like this. After that, open it again and see the result!



FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

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No. 12

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

SPECIAL ARTICLES

MALARIA II — *Hanson*

VENTILATION — *Filby*

A BRIGHTER PICTURE — *Brink*

SOME POINTS ON TUBERCULOSIS — *Reid*

TUBERCULOSIS — LOWEST EVER — *Thompson*

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ADMINISTRATION**Henry Hanson, M. D., State Health Officer****MALARIA II.**

Last month I stated I would tell you why you should take 5 grains of quinine every night, at supper, until the first heavy frost comes.

You should do this because you are not taking sufficient precautions against being bitten by *Anopheles* mosquitoes. "Anophele" is the family name of the group of mosquitoes which carry the malaria parasite. We have two varieties (species) of this mosquito in Florida. *A. quadrimaculata* and *A. Cruzians*. The first is more important than the second because it has been more frequently found to be the intermediate carrier of the malaria parasite from the sick man to the well. About two to three weeks after a healthy person has been bitten by one of these infected mosquitoes he usually has a chill and then fever. If you get the chills and fever you should at once go to your Doctor, who will examine you, take a drop of blood for examination or he will send it to one of the State Board of Health Laboratories. If it is found that you have malaria the Doctor will give you the only medicine which cures malaria namely: quinine. By the Standard method worked out by Dr. Bass, of New Orleans, in co-operation with the International Health Division of the Rockefeller Foundation you can be cured in eight weeks.

If you want to keep well after you have been cured you should take your quinine, five grains every night, while you are eating your evening meal. The reason this is necessary is because you who live in the country districts do not have your houses properly screened and the *Anopheles* mosquito feeds on your blood while you are asleep and as she feeds she injects the fine thread-like form of the parasite which will give you fever unless you have enough quinine in your system to kill these young forms as they come in.

No, five grains of quinine a day will not make you deaf and it will not upset your stomach if you take it with your meal. It is a good tonic.

There are no "malaria shots".

I will tell you more about this next month.

—:—

**FOR DRUGGISTS DISTRIBUTING
STATE BOARD OF HEALTH BIOLOGICS**

We wish to express to you our appreciation for the service you are rendering your community by distributing to physicians the diphtheria antitoxin and typhoid vaccine which is furnished by the State Board of Health.

The use of the diphtheria antitoxin as a preventive for children

ADMINISTRATION

who have been exposed, is not authorized or recommended. It is of no value for diphtheria carriers. This product is for the treatment of cases or suspected cases only and should then be given promptly and liberally. You are requested to advise physicians that State Board of Health antitoxin is to be given only to children with symptoms of diphtheria.

We admit that some good men still favor the prophylactic use of diphtheria antitoxin and do not wish to prevent anyone using a commercial product to give transient, passive immunity.

All biologics to retain their potency must be kept in refrigeration and as near to the freezing point as possible.

—:—

OPEN LETTER TO MY WAITER

Dear Frank:

You haven't answered my last letter.

You are evidently cogitating over the meticulousness of my previous cerebration. I hope you didn't catch pneumonia from that icy bath you gave your right hand when you brought my glass of ice water. However, I am wondering if some members of your profession are not taking unnecessary risks in subjecting portions of their anatomy to violent temperature changes.

You know the other day I saw the bravest and sweetest little blond calmly and coolly plunge her delicate little hand into the bowl of ice just for the sake of bringing me a cool glass of water for my lunch. The next moment she brought me a bowl of hot soup with that same delicate little hand.

Someone suggested, what if she were a typhoid carrier or a diphtheria carrier, or some other kind besides being a soup carrier? I told him it didn't make any difference to me, because I have had the Schick test and I am Schick negative, and I have had the typhoid vaccine so I can't get typhoid; besides, the only ones who might catch anything from so attractive a member of your profession would be some delicate child who has not had toxin-antitoxin or typhoid vaccine. Anyway this would only give work to some of the good doctors in that town and the parents would pay for that so why should we worry.

Yours for business,

A Finicky Sanitarian.

CHILD HYGIENE AND PUBLIC HEALTH NURSING**Mrs. Laurie Jean Reid, R. N., Director****SOME POINTS ON TUBERCULOSIS FOR THE
PUBLIC HEALTH NURSE**

The first nurse to do tuberculosis work in a community was employed in Baltimore by Dr. Osler in 1903. From that time until the present, as public health nursing services have been established, tuberculosis work has usually been made a part of the program, for, although there has been a steady decline in the death-rate, we must still consider it a major problem.

The nurse who would take the responsibility of tuberculosis work in a community or county should have had actual training and experience not only in general public health nursing, but in the care of the tuberculous sick also. She must remember that the education and supervisory care of tuberculous patients and their families are usually long drawn-out affairs, and care must be taken not to promise immediate results following adherence to the instruction given.

The good nurse must be sympathetic and understanding as well as cordial, cheerful, and patient. Many nurses make the mistake of giving too much advice and information to the family at one time. If the nurse is properly trained, she should have learned to use her eyes, thereby saving many embarrassing questions. Making her visit "by the back-door route," is also a means of acquiring much useful information regarding the environmental conditions.

The care of tuberculous cases calls for the cooperation of the physician, the local health department, if there is one, the public health nurse, the social case worker, and the nutritionist. However, many times, particularly in rural work, the nurse must handle these cases alone except for the examinations and occasional office conferences. In all this work the family should be considered as the unit. The case will need more actual care, but there must be continuous supervision of every member of the family. Where an apparently active case is found, the first duty of the nurse is to get all the information possible to guide her. Has a specimen of sputum been submitted to the Laboratory for examination? The services of a physician must be procured, and where the case is indigent, the local health department or county medical society should be asked for advice. All the nurse's training, tact, and patience will be called into play in making the arrangements necessary for the physical examinations. If an active case is to be cared for in the home, the nurse must know the best arrangement possible for the isolation of the case and the education of those who are to give the day by day care. She must not forget in her enthusiasm the other demands made upon her and should always take the time to teach someone in the family step by step, the daily care of the patient.

Many times the nurse will be told that "we know all about

CHILD HYGIENE AND PUBLIC HEALTH NURSING

everything." Take nothing for granted but demonstrate in detail each item of the care of the dishes, which without your teaching would probably be washed first and then boiled; linen and all utensils used by the patient; the care of the food and the disposal of refuse; proper methods to be employed in the laundering of all bedding and personal linen; as well as dustless sweeping and fresh air without drafts. The tuberculous case usually has a capricious appetite; therefore much ingenuity and thought must be exercised in planning the meals. Unless a nutritionist is available, the nurse should teach food values and the preparation of food, which is important.

All contacts should have periodic physical examinations. It is not sufficient that one examination shows a perfectly sound body, but since tuberculosis develops very insidiously and the germs may exist in a dormant state in the body for many years, ever ready to take advantage of a propitious time, such as following a communicable disease or continued colds, the nurse should keep all contacts under careful observation. Not only a cough or loss of weight should indicate the necessity for an examination, but any continued departure from the normal in health should call for the services of a physician.

Where the nurse is working alone in rural sections and does not have the advantage of a teacher of occupational therapy, she would be wise to spend some time on the study of this subject herself in order to help the patients who come under her care to utilize many otherwise lonely hours that drag and make the days monotonous and drab.

On each visit to the home some information should be given and some demonstration made by the nurse that will fit into the program being followed. Do not talk too much about the disease, but try to interest the patient in other things outside himself and preach positive health.

The rural nurse who is going into the schools has a real responsibility as well as opportunity to do good work. Through the children she can find cases and round up families for examinations. In her health talks to the children, she should always emphasize the habits of living that will be conducive to good health and a sound body. Teachers should be educated regarding the proper ventilation and heating of school rooms, and, wherever possible, fresh air rooms with rest periods and mid-morning and afternoon luncheons for the undernourished and below-par children should be advocated.

To summarize: The public health nurse, whether employed in rural or urban area, should keep herself thoroughly informed on the subject of tuberculosis. She should never relax her vigilance in the supervision of cases in homes and their families, and last but by no means least, a continuous program of education should be carried on with the public in order that there may be sympathetic understanding and support of the nurse's work.

BUREAU OF DIAGNOSTIC LABORATORIES**Pearl Griffith, B. E., Acting Director**

**SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF OCTOBER, 1929**

| | Jacksonville | Tampa | Pensacola | Miami | Tallahassee | Total |
|----------------------------|--------------|-------------|------------|-------------|-------------|--------------|
| Animal Parasites | 2453 | 1082 | 154 | 198 | 26 | 3913 |
| Diphtheria | 2530 | 291 | 20 | 262 | 6 | 3109 |
| Typhoid | 502 | 133 | 66 | 92 | 15 | 808 |
| Malaria | 467 | 186 | 64 | 28 | 98 | 843 |
| Rabies | 28 | 7 | | 2 | | 37 |
| Tuberculosis | 141 | 76 | 10 | 52 | 7 | 286 |
| Gonorrhea | 378 | 213 | 40 | 132 | 15 | 778 |
| Kahn | 3481 | 980 | | 445 | | 4906 |
| Water: Count | | 57 | | 296 | 5 | 358 |
| Water: Colon | | | | 296 | 5 | 301 |
| Milk: Bacterial Exam. | 53 | 135 | 54 | 342 | 15 | 599 |
| Milk: Chemical Exam. | 55 | 135 | 54 | 162 | 15 | 421 |
| Miscellaneous | 624 | 310 | 33 | 114 | 4 | 1085 |
| | <u>10712</u> | <u>3605</u> | <u>495</u> | <u>2421</u> | <u>211</u> | <u>17444</u> |

Specimen Containers Distributed 14194

BIOLOGICAL PRODUCTS DISTRIBUTED

| | | |
|---------------------------|--------------|-------------------|
| Diphtheria Antitoxin..... | 10,000 units | 259 Packages |
| | 5,000 units | 143 Packages |
| Toxin Antitoxin..... | | 15,321 C. C. |
| Schick..... | | 6,250 Tests |
| Tetanus Antitoxin..... | 20,000 units | 15 Packages |
| | 10,000 units | 15 Packages |
| | 1,500 units | 728 Packages |
| Anaerobic Antitoxin..... | 100's | 3 Packages |
| | 10's | 4 Packages |
| Typhoid Vaccine..... | | 4,291 Treatments |
| Vaccine Virus..... | | 1,350 Capillaries |
| Antirabic Virus..... | | 31 Treatments |
| Carbon Tetrachloride..... | | 2,212 Capsules |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

TUBERCULOSIS ACCESSORY CAUSES

It is now generally conceded that the tubercle bacillus is the sole cause of tuberculosis—that without this bacillus there can be no tuberculosis. On the other hand we know well that many are infected who never show any sign of active tuberculosis.

For many years, before the discovery of the tubercle bacillus by Koch in 1881, tuberculosis was believed to be a hereditary disease. This belief was due to the transmission of the disease from parents to children in a manner now well understood.

Another widespread fallacy was that the disease clung to certain houses. This again was due to the occurrence of successive cases in a household where, due to close association, the infection was readily transmitted.

The discovery of the tubercle bacillus and the careful laboratory, clinical and economic studies of many competent observers have thrown new light on the problem and the infectious, communicable nature of tuberculosis is now generally recognized.

—:—

THE RAPID AND CONSISTENT DECLINE

The rapid and consistent decline in the tuberculosis death rate is not accidental. During the 30 years since the anti-tuberculosis campaign was launched, the death rate from this cause has fallen about 60%. At that time tuberculosis was the first cause of death but now it has fallen to third place in the United States registration area. It is predicted that in another decade the death rate will be no more than half the present rate.

There are a number of factors that influence the tuberculosis death rate. Which of these are the more important cannot be accurately determined. Evidently there is a specific resistance or relative immunity to tuberculosis which is brought about by repeated sub-infectious doses of tubercle bacilli, that is, a few of them enter the body but do not become established, or becoming established they are held in check by a growth of tissue around them. There is evident also the non-specific resistance of a strong healthy body—the resistance associated with vigorous growth and rebuilding of worn tissues. The loss of this non-specific resistance seems often to turn the balance in favor of the bacteria; they overcome the specific resistance, which is never too strong at best, and the process of destruction goes on.

—:—

WHAT ARE THE DETERMINING FACTORS?

Almost any deficiency of diet must be considered to favor the tubercle germs or rather to handicap the body in its effort to resist them. Malnutrition is frequently referred to as a predisposing cause of tuberculosis. Whether it is due to lack of food in sufficient quantity

BUREAU OF COMMUNICABLE DISEASES

or variety; whether the individual fails to choose wisely from the foods provided or whether his digestion and assimilation are faulty, the effect of malnutrition is unfavorable to the individual who is prone to have tuberculosis.

Overwork, that is, any mental or physical activity, when carried to the point of fatigue favors the growth of tubercle germs. It matters not whether that activity is for gain or recreation.

Any infectious or organic disease, mechanical injury, poisoning or other form of sickness favors the development of tuberculosis. Malaria, hookworm disease, syphilis—all the infectious diseases may be the forerunner of activity in a quiescent tuberculosis.

Dissipation, excessive use of alcohol, lack of sleep, bad ventilation, neglect of personal hygiene—even an unhappy environment or excessive smoking may make the difference between health and sickness.

Sunshine is now recognized as having a very marked effect in the prevention of tuberculosis.

—:—

A BRIGHTER PICTURE

Cho-Cho the health clown, the Modern Health Crusade, teachers of hygiene, health workers everywhere have introduced cheer and hope into the previously dark picture of the tuberculosis situation. It can now almost be said that no one need have tuberculosis. Prosperity may not be enjoyed by all but it would seem to be within the reach of nearly all. Those who spend their wages for luxuries and so deprive themselves of necessities, do so for lack of judgment rather than lack of prosperity.

Marked progress has been made in the control of communicable diseases but we have not made full use of recognized control measures. When ample thought and effort are directed to further banishment of other preventable diseases, tuberculosis will be driven to a place yet much less conspicuous among the causes of death.

More and more each year we are learning the art of being well fed and well housed. More and more we learn to ventilate, rest, care for our teeth, wash our hands, spend time out of doors—to do the things, in short, that promote positive health so there will be in the body no place for disease to gain a foothold.

—:—

EARLY DIAGNOSIS

In its earlier stages tuberculosis is curable. The more advanced the process of destruction the less the hope of recovery. People are now coming to realize the value of the annual health examination. Physicians are more and more alert to recognize the early signs of tuberculosis and to begin treatment when an early and easy victory may be expected.

BUREAU OF ENGINEERING**Ellsworth L. Filby, C. E., Chief Engineer****RECOLLECTIONS**

Tuberculosis—As a youngster a fond recollection is that of a ride through the New York subway before it was open to the public—a thrilling ride through the dark winding tunnel with sparkling green, amber and red lights, and the contact with the engineer by whose touch, the train moved, stopped and started. The damp darkness of the tunnel—long hours and the strain of breaking in hundreds of engineers—motormen they were termed—soon sapped the reserve strength of the engineer and—tuberculosis started sapping the life blood of this man and ere long he was confined abed—in a small, dark, close room, under the loving care of a devoted but uninformed mother. Windows were only slightly opened and sunlight peeped in only for a few moments a day. Food as the appetite and desires of the son dictated, was prepared, cough medicines augmented medical attention and tuberculosis took its toll.

Today we are truly living in an enlightened age. Light on many subjects has penetrated to the inner recesses and in the words of one natural advertiser "ancient prejudices have been removed." We now know that to combat disease we must build our reserve strength and yearly check our condition by a physical examination—a sort of stock accounting of self. And if perchance we have not sufficient reserve stamina to counteract an infection, we know that by proper care out in the open—in the fresh air and sunshine—with ordered rest and recreation and plenty of milk and health building foods we can win the fight. Banished are dark, dingy rooms, cough syrups and the like.

In inspecting some child caring institutions scattered about the State we find quite a few dismal, dark corridors and even sleeping rooms. We find some bath rooms with no natural light and inadequate ventilation so we must never relax our vigilance of spreading light on the blessings of plenty of good food, rest, sunshine and fresh air. Yearly inspections of our orphanages, boarding homes for children, etc., have revealed some conditions that need immediate attention and we are happy to state that on our check-up this year we have found many, many improvements. So—

Up with the windows; let the clean air and sunshine come pouring in! If you are in Jacksonville, take a trip out to the Panama Park section and see Hope Haven where children with tubercular bones are smiling through the days of knitting bones. If you are near Tampa, motor out to the Pine Heath Preventorian and note some of the children being taught by actual demonstration how to win the battle of tuberculosis and no matter where you may be—

BUY CHRISTMAS SEALS!

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

TUBERCULOSIS — LOWEST EVER



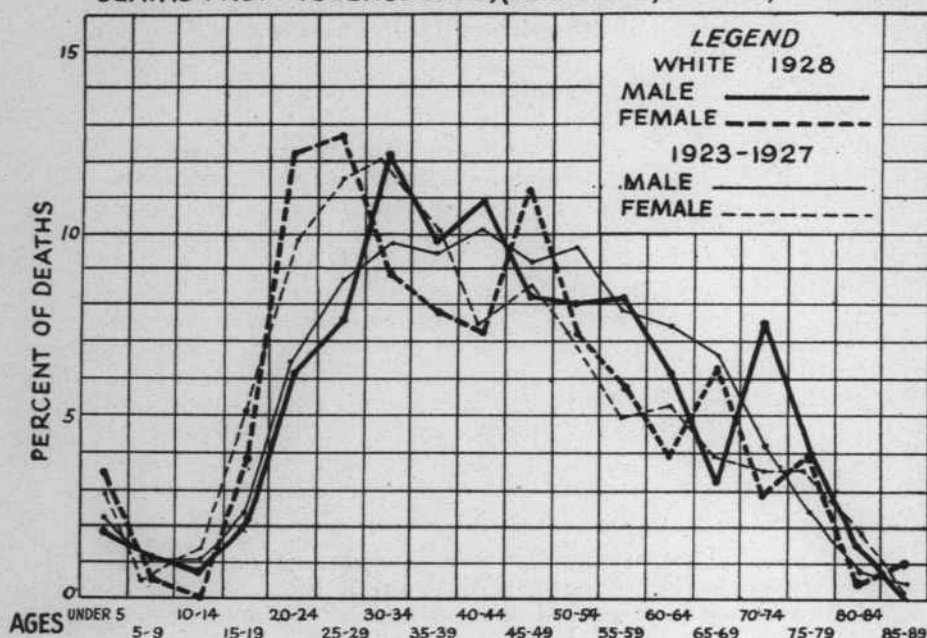
Last year, i. e., 1928, holds the record for the lowest tuberculosis death rate in Florida. In 1917, which was the first record ever compiled for the state, 118.9 persons died per 100,000 population as compared to a rate of 73.0 last year. The decline in the death rate from tuberculosis (all forms) appears for both the white and the colored as the new rates for 1928 indicate the lowest ever recorded for both races. There has been a decline in the death rate from tuberculosis throughout the entire United States Registration Area. In order to better prepare for a concentrated fight against this disease which is yielding, attention has been directed to the mortality by age groups. Procedure in organized effort might be more intelligently directed if the particular problem among the different ages were undertaken.

The accompanying chart has been prepared for study and, therefore, no attempt will be made to elaborate to any great extent. The heavy line represents deaths from tuberculosis (all forms) among male whites for 1928 and shows percentage occurring at the different age periods designated. The heavy broken line represents the same for female whites. The very light solid line represents the percentage for male whites during the five year period, 1923 to 1927, inclusive, and the light broken line represents the five year period for white females. The second chart indicates similar information for colored males and females for 1928 and for the five year preceding period.

Total Deaths from Tuberculosis (all forms) and Death Rates
Per 100,000 Population by Color, 1917-1928, inclusive

| YEAR | Total | | White | | Colored | |
|------|--------|-------|--------|------|---------|-------|
| | Deaths | Rate | Deaths | Rate | Deaths | Rate |
| 1928 | 1,102 | 73.0 | 481 | 45.9 | 621 | 134.3 |
| 1927 | 1,097 | 75.8 | 463 | 46.3 | 634 | 141.9 |
| 1926 | 1,187 | 85.8 | 519 | 54.5 | 668 | 154.9 |
| 1925 | 999 | 75.7 | 426 | 47.2 | 573 | 137.8 |
| 1924 | 1,054 | 84.0 | 457 | 53.4 | 597 | 149.2 |
| 1923 | 1,079 | 90.5 | 490 | 60.7 | 589 | 153.1 |
| 1922 | 1,019 | 90.3 | 440 | 58.0 | 579 | 156.8 |
| 1921 | 951 | 89.3 | 401 | 56.4 | 550 | 155.5 |
| 1920 | 1,016 | 101.5 | 423 | 63.8 | 593 | 175.3 |
| 1919 | 993 | 103.7 | 461 | 73.4 | 532 | 161.6 |
| 1918 | 1,084 | 115.9 | 494 | 81.2 | 590 | 180.4 |
| 1917 | 1,085 | 118.9 | 472 | 80.3 | 613 | 188.7 |

DEATHS FROM TUBERCULOSIS, (ALL FORMS) WHITE, FLORIDA



DOCTOR — WHAT YEAR?



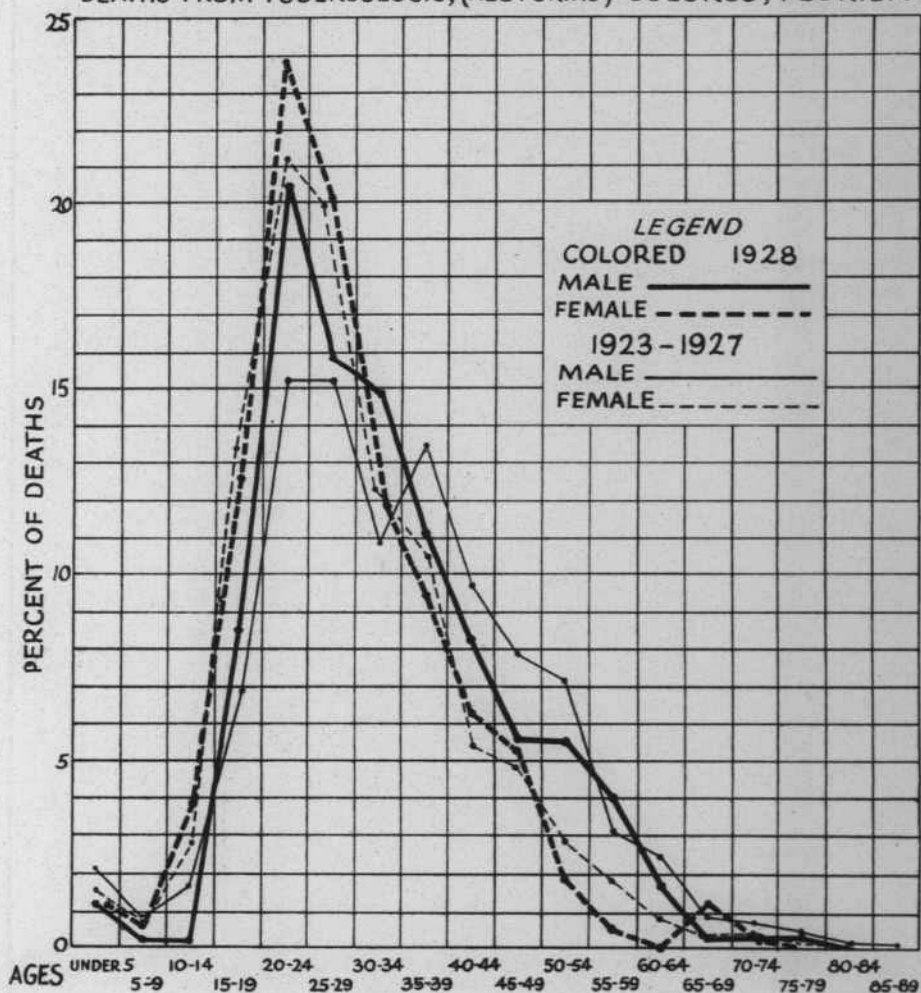
In a very short time, you will be writing "1930" on birth certificates and death certificates. Please watch very carefully when indicating the YEAR of birth or death. It is so easy to write "29" after January 1st when it should be "30". The year on the original certificates is essential and should be correct. Please cooperate in changing from 1929 to 1930 after the first of the year.

Birth registration indicates a reduction in the number of births occurring this year as compared with the previous year. Please check your books and see if any records have been overlooked. Thank you.

NOTICE TO LOCAL REGISTRARS

Please secure all outstanding certificates of births or deaths for the entire calendar year 1929 and include them with your January report. Your efforts are very much appreciated and you are particularly urged to help bring the records up to one hundred percent for the calendar year 1929. Round up all delays for 1929 and include them with your December report—Merry Christmas!

DEATHS FROM TUBERCULOSIS, (ALL FORMS) COLORED, FLORIDA



BUREAU OF VITAL STATISTICS

Tuberculosis (All forms)—Deaths and Death Rates per 100,000
Population by Color and by Counties, 1928

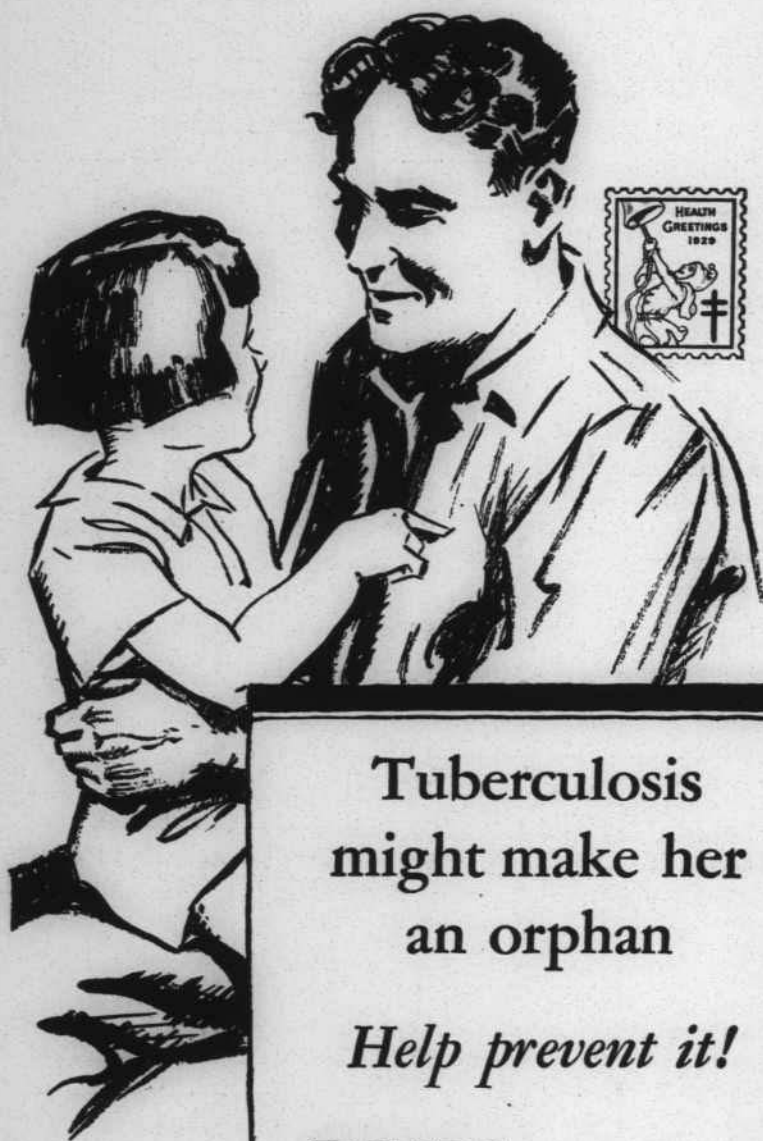
| COUNTIES | DEATHS | | | | | |
|-----------------------|--------|-------|-------|-------|-------|-------|
| | Total | Rates | White | Rates | Col. | Rates |
| 0. State..... | 1102 | 73.0 | 481 | 45.9 | 621 | 134.3 |
| 1. Alachua..... | 29 | 99.5 | 9 | 56.3 | 20 | 151.8 |
| 2. Baker..... | 4 | 71.9 | 3 | 73.0 | 1 | 68.8 |
| 3. Bay..... | 1 | 8.2 | 1 | 11.3 | 0 | ..... |
| 4. Bradford..... | 2 | 28.5 | 1 | 20.1 | 1 | 48.6 |
| 5. Brevard..... | 7 | 44.6 | 2 | 19.6 | 5 | 90.6 |
| 6. Broward..... | 6 | 29.7 | 3 | 29.5 | 3 | 43.5 |
| 7. Calhoun..... | 2 | 23.5 | 1 | 15.4 | 1 | 50.0 |
| 55. Charlotte..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. Citrus..... | 5 | 91.3 | 1 | 26.9 | 4 | 227.4 |
| 9. Clay..... | 6 | 123.6 | 3 | 84.4 | 3 | 230.8 |
| 62. Collier..... | 1 | 68.9 | ..... | ..... | 1 | 645.2 |
| 10. Columbia..... | 16 | 97.7 | 4 | 43.0 | 12 | 169.6 |
| 11. Dade..... | 89 | 56.8 | 53 | 45.3 | 36 | 90.8 |
| 12. DeSoto..... | 9 | 105.2 | 4 | 59.8 | 5 | 268.1 |
| 56. Dixie..... | 3 | 52.0 | 1 | 26.7 | 2 | 98.8 |
| 13. Duval..... | 187 | 110.1 | 43 | 38.7 | 144 | 244.9 |
| 14. Escambia..... | 37 | 85.1 | 19 | 61.3 | 18 | 144.6 |
| 53. Flagler..... | 1 | 45.4 | ..... | ..... | 1 | 125.8 |
| 15. Franklin..... | 6 | 114.5 | ..... | ..... | 6 | 274.1 |
| 16. Gadsden..... | 44 | 170.2 | 18 | 158.3 | 26 | 179.5 |
| 64. Gilchrist..... | 1 | 24.8 | 1 | 33.7 | ..... | ..... |
| 57. Glades..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 65. Gulf..... | 1 | 21.9 | 1 | 39.2 | ..... | ..... |
| 17. Hamilton..... | 4 | 40.3 | 3 | 52.9 | 1 | 23.5 |
| 58. Hardee..... | 7 | 66.0 | 6 | 62.1 | 1 | 106.0 |
| 63. Hendry..... | 1 | 72.9 | 1 | 75.2 | ..... | ..... |
| 18. Hernando..... | 3 | 62.0 | 2 | 53.5 | 1 | 90.7 |
| 59. Highlands..... | 12 | 137.4 | 4 | 61.4 | 8 | 360.8 |
| 19. Hillsboro..... | 185 | 113.4 | 96 | 72.2 | 89 | 296.0 |
| 20. Holmes..... | 1 | 8.1 | 1 | 8.6 | ..... | ..... |
| 66. Indian River..... | 1 | 16.1 | ..... | ..... | 1 | 56.9 |
| 21. Jackson..... | 11 | 32.0 | 4 | 20.5 | 7 | 47.0 |

BUREAU OF VITAL STATISTICS

Tuberculosis (All forms)—Deaths and Death Rates per 100,000
Population by Color and by Counties, 1928—(Continued)

| COUNTIES | DEATHS | | | | | |
|---------------------|--------|-------|-------|-------|-------|-------|
| | Total | Rates | White | Rates | Col. | Rates |
| 22. Jefferson..... | 6 | 43.4 | ..... | ..... | 6 | 61.5 |
| 23. Lafayette..... | 1 | 20.3 | ..... | ..... | 1 | 81.8 |
| 24. Lake..... | 17 | 74.2 | 11 | 63.2 | 6 | 109.1 |
| 25. Lee..... | 9 | 58.1 | 3 | 25.3 | 6 | 166.3 |
| 26. Leon..... | 5 | 22.9 | ..... | ..... | 5 | 36.1 |
| 27. Levy..... | 6 | 54.0 | 4 | 57.2 | 2 | 48.6 |
| 28. Liberty..... | 1 | 20.6 | 1 | 34.2 | ..... | ..... |
| 29. Madison..... | 13 | 83.6 | 6 | 82.5 | 7 | 84.6 |
| 30. Manatee..... | 14 | 49.3 | 7 | 36.5 | 7 | 76.1 |
| 31. Marion..... | 26 | 88.9 | 7 | 44.5 | 19 | 140.4 |
| 67. Martin..... | 3 | 63.4 | 2 | 72.6 | 1 | 50.7 |
| 32. Monroe..... | 19 | 133.2 | 14 | 119.9 | 5 | 193.6 |
| 33. Nassau..... | 5 | 51.9 | 2 | 37.2 | 3 | 70.3 |
| 34. Okaloosa..... | 2 | 19.8 | 1 | 10.6 | 1 | 150.8 |
| 54. Okeechobee..... | 1 | 18.0 | 1 | 27.4 | ..... | ..... |
| 35. Orange..... | 35 | 69.4 | 16 | 41.7 | 19 | 156.7 |
| 36. Osceola..... | 6 | 45.8 | 4 | 43.7 | 2 | 50.7 |
| 37. Palm Beach..... | 31 | 67.9 | 10 | 33.6 | 21 | 132.3 |
| 38. Pasco..... | 12 | 97.5 | 10 | 99.6 | 2 | 88.2 |
| 39. Pinellas..... | 36 | 48.3 | 25 | 46.5 | 11 | 53.0 |
| 40. Polk..... | 55 | 64.0 | 25 | 37.7 | 30 | 153.3 |
| 41. Putnam..... | 10 | 53.6 | 3 | 29.1 | 7 | 84.0 |
| 42. St. Johns..... | 6 | 32.2 | 2 | 18.7 | 4 | 50.2 |
| 43. St. Lucie..... | 3 | 42.4 | 3 | 58.5 | ..... | ..... |
| 44. Santa Rosa..... | 7 | 46.0 | 4 | 31.9 | 3 | 112.7 |
| 60. Sarasota..... | 9 | 65.3 | 4 | 35.3 | 5 | 204.9 |
| 45. Seminole..... | 14 | 81.4 | 6 | 59.6 | 8 | 112.0 |
| 46. Sumter..... | 9 | 113.1 | 4 | 70.2 | 5 | 221.0 |
| 47. Suwannee..... | 5 | 30.9 | 2 | 19.9 | 3 | 48.9 |
| 48. Taylor..... | 7 | 48.8 | 3 | 36.0 | 4 | 66.3 |
| 61. Union..... | 17 | 255.3 | 1 | 23.8 | 16 | 653.1 |
| 49. Volusia..... | 20 | 39.0 | 10 | 29.4 | 10 | 58.3 |
| 50. Wakulla..... | 2 | 31.9 | 1 | 29.4 | 1 | 35.0 |
| 51. Walton..... | 3 | 20.4 | 1 | 8.4 | 2 | 71.3 |
| 52. Washington..... | 5 | 48.0 | 3 | 37.1 | 2 | 85.9 |

HUMAN LIFE IS THE STATE'S GREATEST ASSET



Tuberculosis
might make her
an orphan

Help prevent it!

BUY
CHRISTMAS SEALS

The National, State, and Local Tuberculosis Associations of the United States

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